

Name
in
Full

CERTIFICATE OF DEATH

Elizab^{eth} H^{off} Aldridge

Town

County

MARYLAND

Died at *Mount Airy*

Carroll

Date

of death 19*40*

Month

April

Day

19

Age

72

Months

8

Days

26

Sex

Female

Color or
Race

White

Birth-
place

Pa

Occupation

House wife

Where Residing if not
at place of death

Married, ~~Single~~
~~or Widowed~~

Name of Wife or
Husband

William A Aldridge

Father's
Name

John Gtz

Father's
Birthplace

Pa

Mother's

Maiden Name

Elizab^{eth} Hoff

Mother's
Birthplace

Pa

Name of person giving
Information

William Aldridge

How related
to deceased

Son

CAUSES OF DEATH

76

Primary

Otitis Media

How long

Eight weeks

Immediate

Cerebral Meningitis + Septic infection

How long

Two days.

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

M. S. Pearce

Address

Unionville

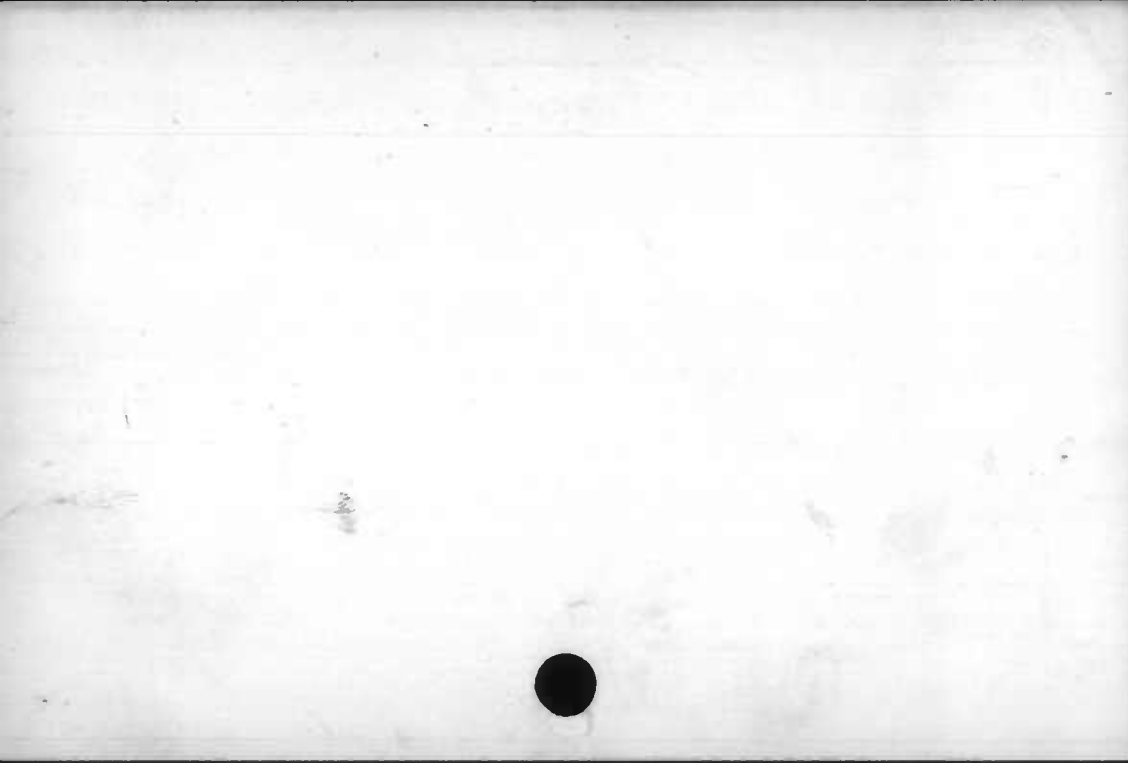
Maryland.

Accident or Suicide

J

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Wm H Anderson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Myersville Town Carroll County MARYLAND

Date of death 1940 Month April Day 27 Age 80 Years — Months — Days —

Sex Male Color or Race White Birth-place Md.

Occupation Contractor Where Residing if not at place of death Balto city

Married, Single or Widowed Married Name of Wife Unknown

Father's Name Unknown Father's Birthplace Unknown

Mother's Maiden Name Unknown Mother's Birthplace Unknown

Name of person giving Information How related to deceased

CAUSES OF DEATH

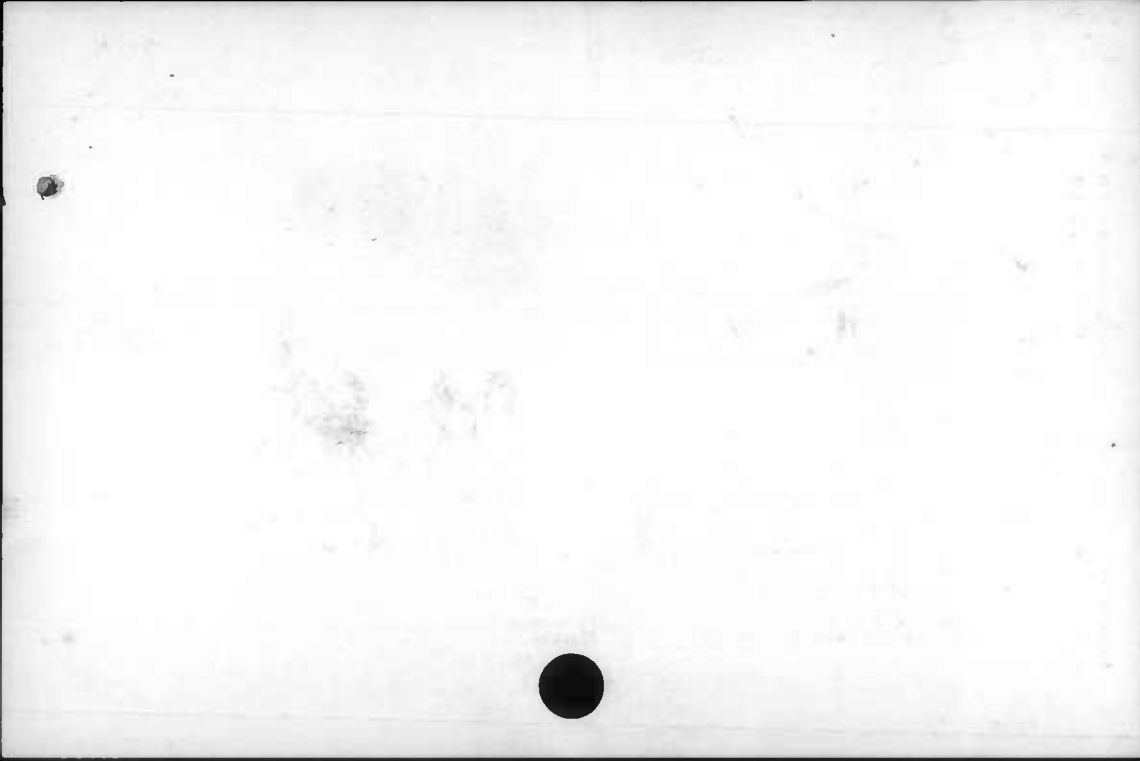
PHYSICIAN
OR CORONER

Primary Rail Road Accident How long Immediate

Immediate Skull Crushed How long Immediate

Are the name, age, sex, color, date and place correctly given above? To best of knowledge Signature of Physician Harry F. Lewis

Accident or Suicide Accident Address Coroner



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Mary Ann Bailey

Town *Near Lumbro* County *Captoll.* MARYLAND

Died at *Near Lumbro Captoll.*

Date of death 19*00* Month *Apr.* Day *25* Age *76* Months *2* Days *28*

Sex *Female* Color or Race *White* Birth-place *Ind.*

Occupation *None* Where Residing if not at place of death

Married, Single or Widowed *Widowed* Name of Wife or Husband *Jno. Bailey*

Father's Name *Peter J. Leary* Father's Birthplace *Unknown*

Mother's Maiden Name *Lucy Baugh* Mother's Birthplace *" " "*

Name of person giving Information *Jno Bailey* How related to deceased *Son*

CAUSES OF DEATH

65

PHYSICIAN
OR CORONER

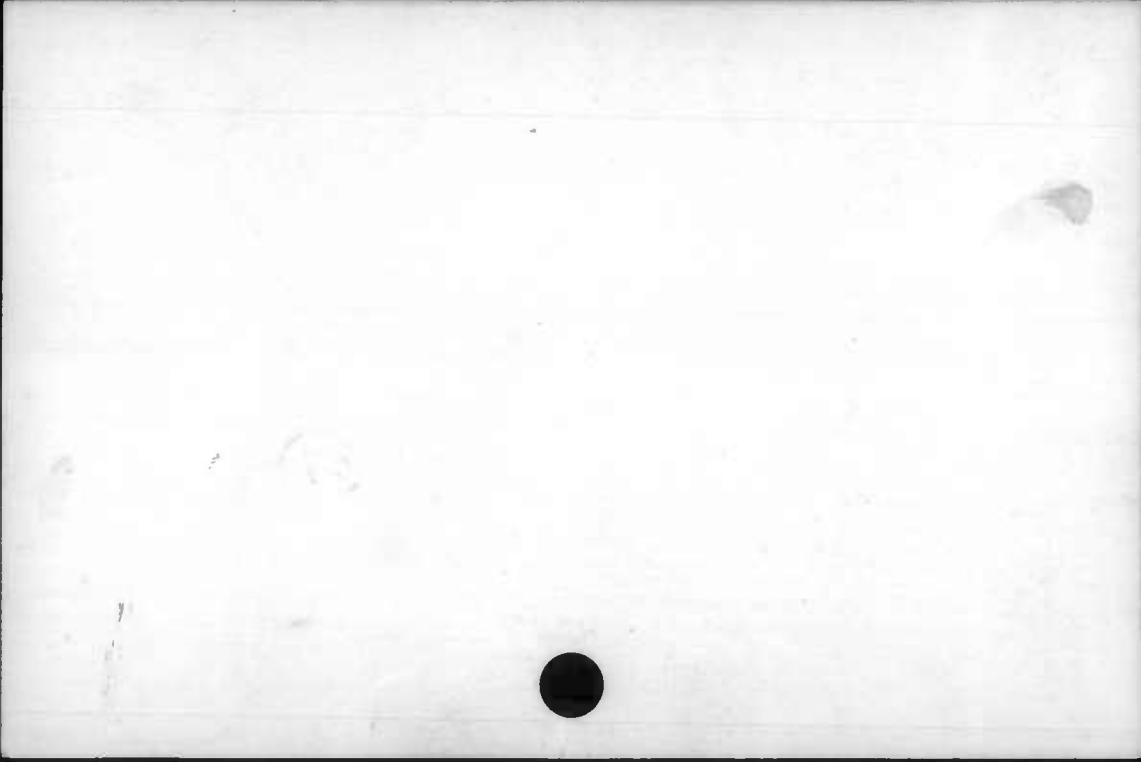
Primary *Softening of the brain* How long *2 years*

Immediate *Heart failure* How long *9 days*

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *Dr E. R. Albough*

Address *Green Rock Pa*

Accident or Suicide *No* *R. F. E #1*



Name
in
Full

Kenneth S Barnes

No 589
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at Westminster Town Carroll County MARYLAND

Date of death 1940 April Month 11 Day Age — Years — Months 18 Days

Sex Male Color or Race White Birth-place Maryland

Occupation — Where Residing if not at place of death —

Married, Single or Widowed Single Name of Wife or Husband —

Father's Name Charles S Barnes Father's Birthplace Maryland

Mother's Maiden Name Ellen E Broughton Mother's Birthplace do

Name of person giving Information Ellen E Barnes How related to deceased Mother

PHYSICIAN
OR CORONER

Influenza CAUSES OF DEATH (10)

Primary Catarrhal Fever How long 3 days

Immediate Convulsions How long 18 hours

Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician Chas. R. Foutz

Address Westminster

Accident or Suicide no Med

Hydrometer

Stamer

Name
in
Full

CERTIFICATE OF DEATH

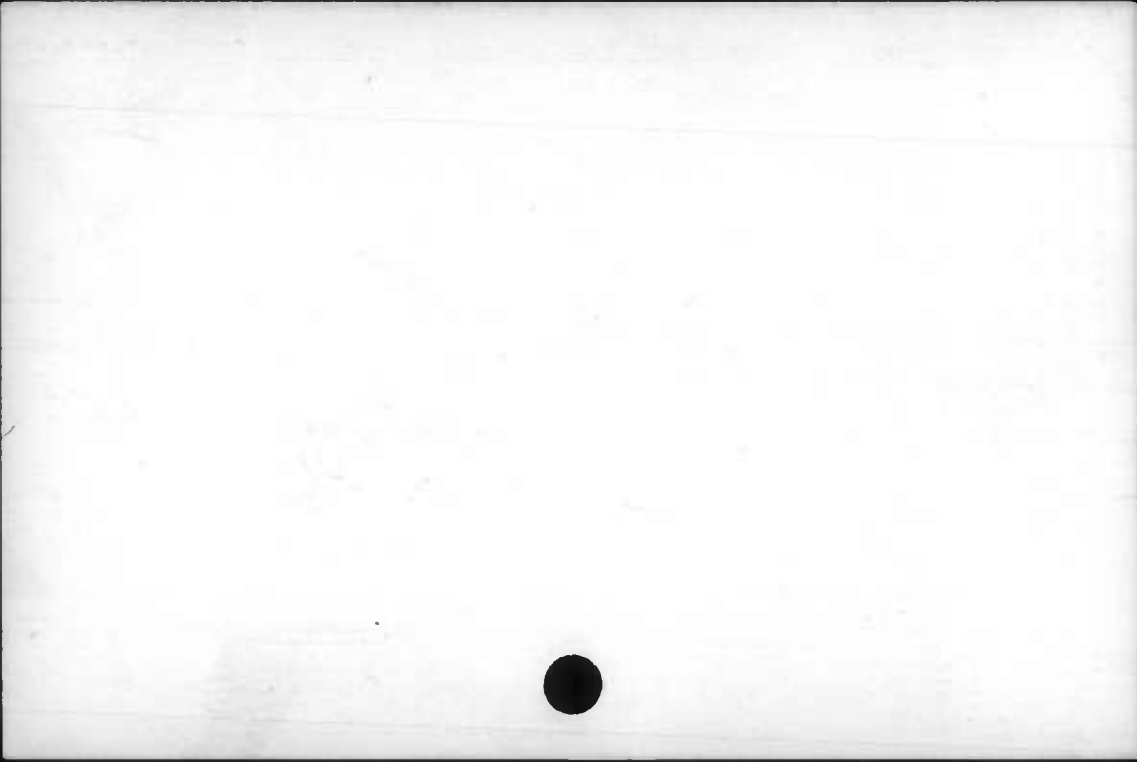
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1940		April	5	28	8	2.5	
Sex	Female		Color or Race	White		Birthplace	Taneytown Ind.
Occupation	Housework		Where Residing if not at place of death		At home		
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	John E. Baughman					Father's Birthplace	Carroll Co. Md.
Mother's Maiden Name	Mary E. Bankert					Mother's Birthplace	Carroll Co. Md.
Name of person giving Information	Mary E. Bankert					How related to deceased	Mother

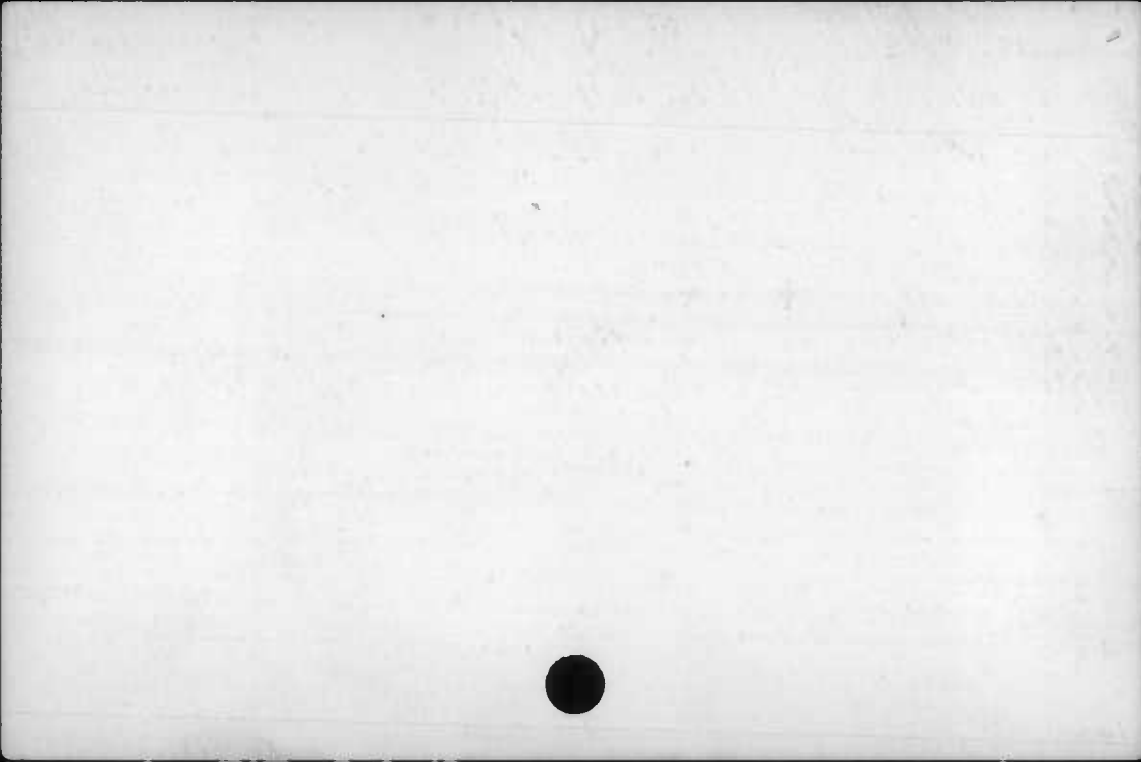
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis	How long	4 Yrs
Immediate	Pneumonia	How long	4 days
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	V. Lewis Wetzel M.D.
		Address	Union Mills Maryland
Accident or Suicide			



Name in Full		Certificate of Death					
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Wakefield</i>		County <i>Carroll</i>			
		MAYLAND					
		Date of death <i>1900</i>	Month <i>4</i>	Day <i>8</i>	Years <i>27</i>	Months <i>10</i>	Days <i>7</i>
		Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>md</i>			
		Occupation <i>Electrician</i>	Where Residing if not at place of death <i>Wakefield</i>				
		Married, Single or Widowed <i>Married</i>	Name of Wife or Husband				
		Father's Name <i>Jessiah Belt</i>		Father's Birthplace <i>md</i>			
Mother's Maiden Name <i>Eizabeth Carroll</i>		Mother's Birthplace <i>md</i>					
Name of person giving information <i>John C. Shreeve</i>		How related to deceased <i>Brother in law</i>					
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary <i>Phthisis</i>		How long <i>6 months</i>			
		Immediate <i>Exhaustion</i>		How long <i>—</i>			
		Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Dr. J. E. Whitehill</i>			
		Address <i>New Windsor md</i>		Accident or Suicide? <i>—</i>			



Name
in
Full

CERTIFICATE OF DEATH

Christine Berger

MARYLAND

Died at ^{Town} Manchu to East ^{County} Carroll

Date of death 1900 ^{Month} April ^{Day} 14 Age ^{Years} 82 ^{Months} ^{Days} 15

Sex Female Color or Race White Birth-place Germany

Occupation Where Residing if not at place of death Manchu to East

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Father's
Birthplace

Mother's
Maiden Name

Mother's
Birthplace

Name of person giving
Information

How related
to deceased

CAUSES OF DEATH

64

Primary

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

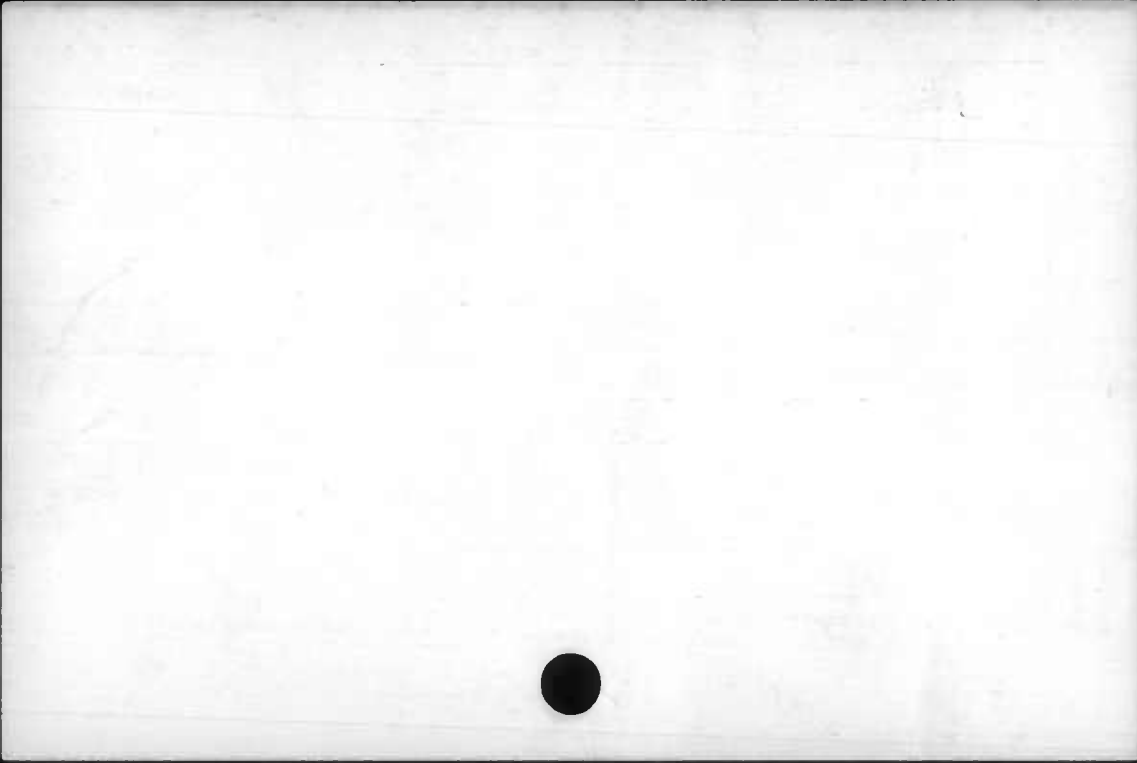
Signature of
Physician

Address

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Frank S. Bibb

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Springfield Hospital* Town *Cornall* County *MARYLAND*

Date of death *1980 Apr. 9* Month *9* Day *55* Age *55* Months Days

Sex *Male* Color or Race *White* Birth-place *Va.*

Occupation *Constable* Where Residing if not at place of death

Married, Single or Widowed *Single* Name of Wife or Husband

Father's Name *William K. Bibb* Father's Birthplace *Va*

Mother's Maiden Name *Rose (untersawer)* Mother's Birthplace *Tenn.*

Name of person giving Information *Hospital record* How related to deceased

CAUSES OF DEATH

64 ✓

PHYSICIAN
OR CORONER

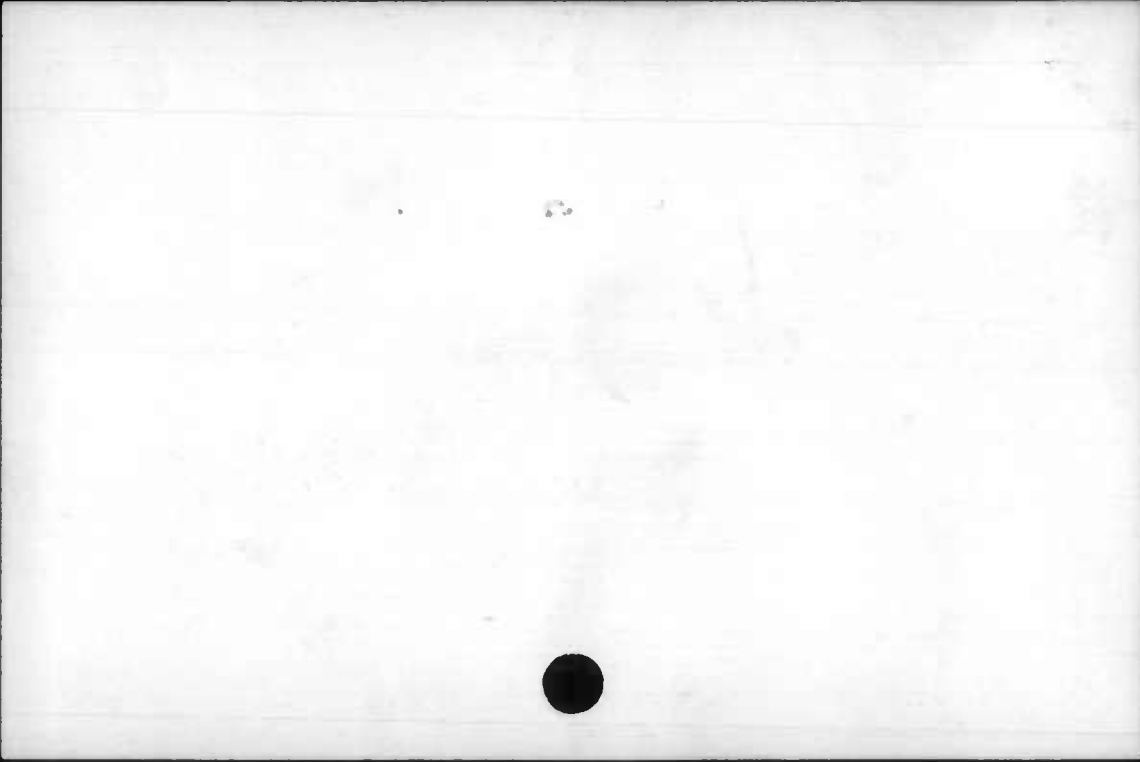
Primary *Dementia* How long *11 years*

Immediate *Central Apoplexy* How long *1 day*

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *Chas J. Carly*

Address *Sykesville Md.*

Accident or Suicide *No*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Francis W Bish

Town

Westminster

County

Leonard

MARYLAND

Died at

Date

of death 1940

Month

April

Day

16

Age

Years

36

Month

Days

Sex

Male

Color or
Reca

White

Birth-
place

Maryland

Occupation

Farmer

Where Residing if not
at place of death

Married, Single
or Widowed

Nama of Wife
Husband

Alice R Bish

Father's
Name

Ephraim Bish

Father's
Birthplace

Maryland

Mother's
Maiden Name

Martha Yunglin

Mother's
Birthplace

13

Name of person giving
Information

Alice R Bish

How related
to deceased

Wife

CAUSES OF DEATH

Primary

Accident

How long

Immediate

Pulmonary Hemorrhage

How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

J. J. Stewart

Address

Westminster

Leonard Co Md

Accident or Suicide

PHYSICIAN
OR CORONER

C.A.



Name
in Full

CERTIFICATE OF DEATH

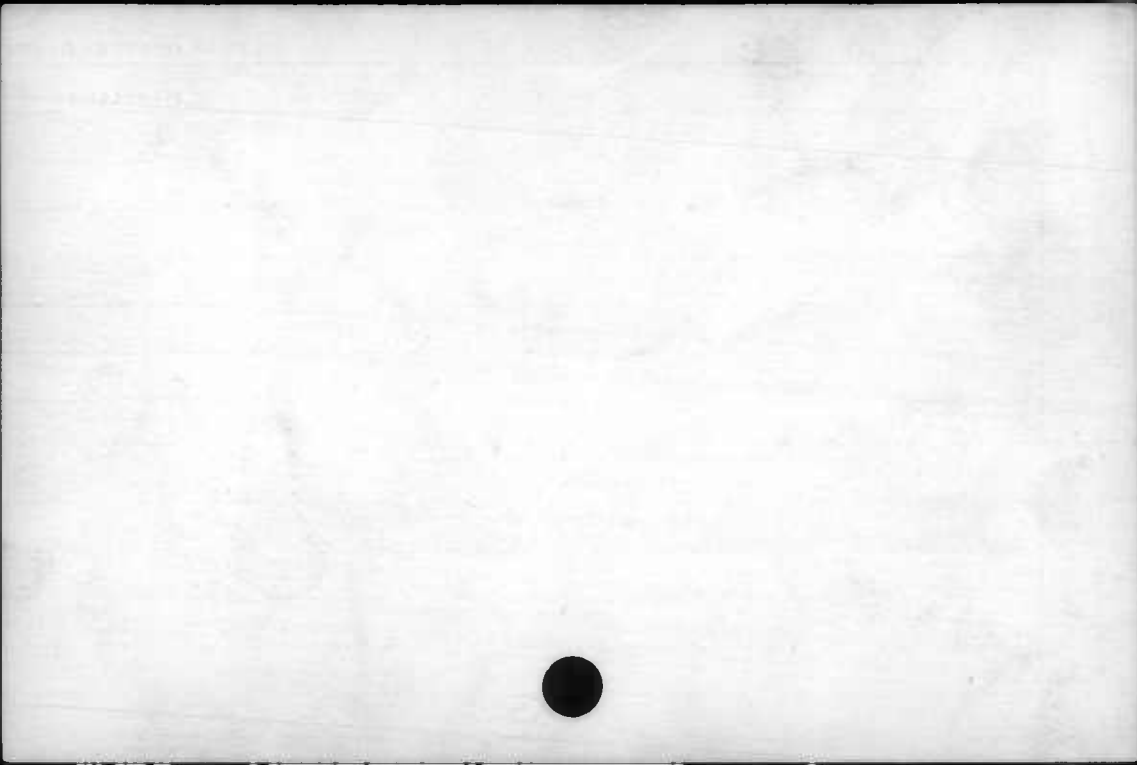
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Mrs Selma Bish</i>		Town <i>Westminster R 17</i>		County <i>Carroll</i>		MARYLAND					
Died at <i>Westminster R 17</i>		Month <i>April</i>		Day <i>8</i>		Years <i>52</i>		Months <i>5</i>		Days <i>23</i>	
Date of death <i>1900</i>		Month <i>April</i>		Day <i>8</i>		Age <i>52</i>		Months <i>5</i>		Days <i>23</i>	
Sex <i>female</i>		Color or Race <i>white</i>		Birthplace <i>Carroll Co Md</i>							
Occupation <i>housewife</i>		Where Residing if not at place of death <i>at home</i>									
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Nelson Bish</i>									
Father's Name <i>Edward Storck</i>		Father's Birthplace <i>Carroll Co Md</i>									
Mother's Maiden Name <i>Mary Storck</i>		Mother's Birthplace <i>Westmanian Pa</i>									
Name of person giving Information <i>Nelson Bish</i>		How related to deceased <i>husband</i>									

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>double pneumonia</i>		How long <i>1 week</i>	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. F. Morris</i>	
		Address	
Accident or Suicide			



Name
in
Full

588
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Josiah Black*
Died at *Warfieldsborg* Town *Carroll* County
Date of death *1940* Month *April* Day *4* Age *69* Years Months Days
Sex *Male* Color or Race *Colored* Birthplace *Maryland*
Occupation *Laboren* Where Residing if not at place of death *—*

Married, Single or Widowed *Married* Name of Wife or Husband *Mary Cane*
Father's Name *David Black* Father's Birthplace *Maryland*
Mother's Maiden Name *Don't Know* Mother's Birthplace *unknown*
Name of person giving Information *Joshua Gist* How related to deceased *Employer*
79

CAUSES OF DEATH

Primary *Mitral Stenosis - Acute Cordiae dilatation* How long *4 days*
Acute R. Hemiplegia
Immediate *Heart Failure* How long *10 hours*

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

J. Luther Bane
Wooten
Ind.

PHYSICIAN
OR CORONER

Accident or Suicide

Western Chapel

Barr

Shaner

Name
in
Full

Mary Ruth John
Town

10595
CERTIFICATE OF DEATH

MARYLAND

Died at Westminster

County Carroll

Date of death 1940 April

Day 22

Age 13

Months 6

Days

Sex Female

Color or Race

white

Birth-place

Maryland

Occupation

None

Where Residing if not at place of death

Married, Single or Widowed

Single

Name of Wife or Husband

Father's Name

Samuel John

Father's Birthplace

Maryland

Mother's Maiden Name

Carrie Triggell

Mother's Birthplace

Maryland

Name of person giving Information

Carrie John

How related to deceased

Mother

CAUSES OF DEATH

Primary

Typhoid Fever

How long

3 weeks

Immediate

Heart failure

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

E. M. Sullivan

Address

146 E. Main St

Westminster

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Shaver
Westminster Cemetery

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Date

of death 1900

Month

April

Day

1

Age

Years

Months

1

Days

26

Sex

Female

Color or
Race

White

Birth-
place

Garroll Co. Md.

Occupation

Housewife

Where Residing if not
at place of death

At home

Married, Single
or Widowed

Married

Name of Wife or
Husband

Amos Bowman

Father's
Name

John Lawyer

Father's
Birthplace

Garroll Co. Md.

Mother's
Maiden Name

Sarah Matthias

Mother's
Birthplace

Garroll Co. Md.

Name of person giving
Information

Sarah G. Morelock

How related
to deceased

Daughter

CAUSES OF DEATH

92

PHYSICIAN
OR CORONER

Primary

Broncho Pneumonia acute bronchitis

How long

6 days

Immediate

Heart Failure

How long

4 hours

Are the name, age, sex, color, data
and place correctly given above?

Yes

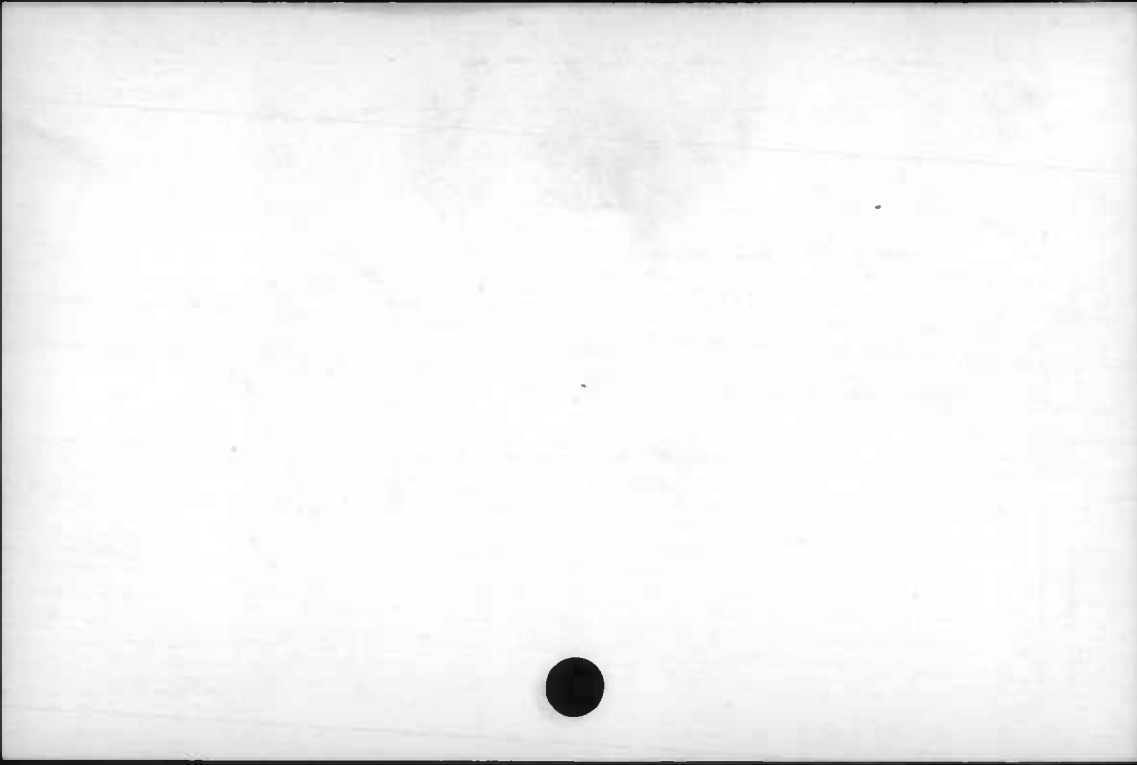
Signature of
Physician

Address

G. Lewis Wetzel M.D.

Union Mills
Maryland

Accident or Suicide



Name
in
Full

10591
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Margaret Boylan
near Westminister Town Carroll County
Died at
Date of death 1980 April 21
Month Day Years
Age 78
Sex Female
Color or Race white
Birth-place Ireland
Occupation none
Where Residing if not at place of death
Married, Single or Widowed widow
Name of Wife or Husband Terance Boylan
Father's Name Patrick Boylan
Father's Birthplace Ireland
Mother's Maiden Name dont know
Mother's Birthplace
Name of person giving Information Elizabeth M. Buckingham
How related deceased daughter

CAUSES OF DEATH

Primary Bronchus Pneumonia
How long 2 weeks
Immediate Exhaustion
How long 3 hrs

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Chao R. Young MD
Address Westminister MD

Accident or Suicide

no

PHYSICIAN
OR CORONER

Shaver
St Johns Catholic Cemetery

Name
in
FullNo 593
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Name *Mary Brown*
Died at *Westminster* ^{town} *Barro* ^{County} *Barro* ^{MARYLAND}
Date of death *1960* ^{Month} *April* ^{Day} *19* ^{Years} *84* ^{Months} *11* ^{Days}
Sex *Female* Color or Race *White* Birth-place *Maryland*
Occupation _____ Where Residing if not at place of death _____
Married, Single or Widowed *Widow* Name of Wife or Husband *Peter Brown* ^{Deceased}
Father's Name *George Fitz* Father's Birthplace *Maryland*
Mother's Maiden Name *Not known* Mother's Birthplace _____
Name of person giving Information *John Brown* How related to deceased *Son*

CAUSES OF DEATH

Primary - *Cardiac Arrest* How long *6 months*
Immediate *Heart Failure* How long _____

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide

PHYSICIAN
OR CORONER

St Benjamins Cemetery
Stower,

Name
in
Full

Walter Bradford Duvall

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Eldersburg ^{Town} Carroll ^{County} MARYLAND
Date of death 1910 ^{Month} April ^{Day} 14 ^{Years} 8 ^{Months} 14 ^{Days}
Sex Male Color or Race White Birth-place Eldersburg
Occupation None Where Residing if not at place of death X

Married, Single or Widowed X Name of Wife or Husband X
Father's Name W. J. Duvall Father's Birthplace Westminster
Mother's Maiden Name Bertie C. Holmes Mother's Birthplace Westminster
Name of person giving Information W. H. Doyle How related to deceased None

CAUSES OF DEATH

Primary Cyanosis

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

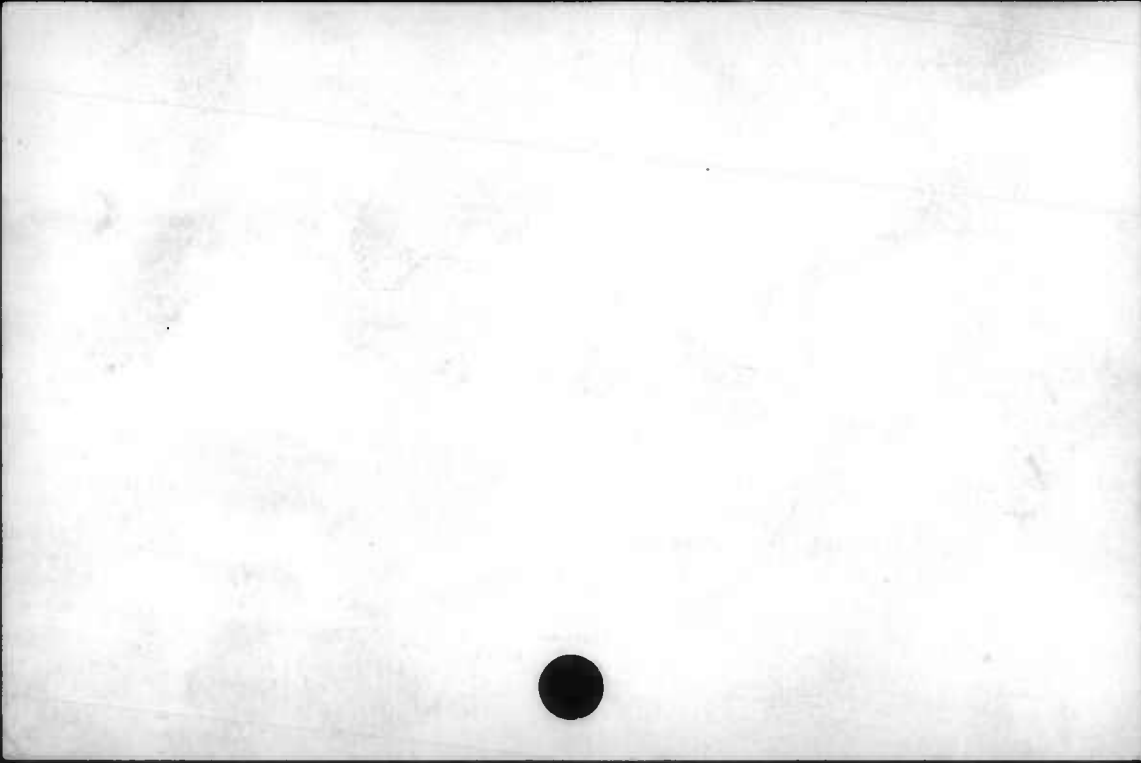
Signature of Physician

Address

Accident or Suicide

PHYSICIAN
OR CORONER

R. H. Wells
Gamber, Md.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Jesse Eckard*

Died at *near Windfield* Town *Carver* County

Date of death *1910* Month *4* Day *14* Age *86* Years Months Days

Sex *Male* Color or Race *White* Birth-place *Maryland*

Occupation *Farmer* Where Residing if not at place of death *near Windfield*

Married, Single or Widowed *Married* Name of Wife or Husband *Angelina Eckard*

Father's Name *Geo Eckard* Father's Birthplace *Ma*

Mother's Maiden Name *Rebecca Snider* Mother's Birthplace *Ma*

Name of person giving information *John Hurall* How related to deceased *son-in-law*

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary *Senile Debility* How long

Immediate *Apoplexy* How long *one week*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *E. L. Cronk, M.D.*

Address *Windfield*

Maryland

Accident or Suicide? *—*



Name
In
Full

Mary Susan Foutz

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Winfield Town Carroll County MARYLAND

Date of death 1960 Month 4 Day 19 Age 65 Years Months 9 Days 11

Sex Female Color or Race White Birth-place Maryland

Occupation Domestic Where Residing if not at place of death Winfield. Md.

Married, Single or Widowed Married Name of ~~Wife or~~ Husband Solomon P. Foutz

Father's Name David C. Nail, (deceased) Father's Birthplace Unknown

Mother's Maiden Name Amie Hoffman (") Mother's Birthplace "

Name of person giving Information Solomon P. Foutz How related to deceased Husband -

CAUSES OF DEATH

40

PHYSICIAN
OR CORONER

Primary Carcinoma of Stomach How long detected 6 mo.

Immediate " How long "

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

E D Bront

Address

Winfield
Carroll Co,

Filed 1910

Accident or Suicide

Warfieldsburg

Name
in
Full

no 587
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

John Frick
Smallwood

Town

County

Carroll

MARYLAND

Date

of death

1900 April 3

Age

70

Months

1

Days

—

Sex

Male

Color or
Race

white

Birth-
place

Maryland

Occupation

Farmer

Where Residing if not
at place of death

—

Married, Single
or Widowed

Married

Name of Wife or
Husband

Catharine Rosenberg

Father's
Name

John Frick

Father's
Birthplace

Germany

Mother's
Maiden Name

Elizabeth Riddle

Mother's
Birthplace

do

Name of person giving
Information

Catharine Frick

How related
to deceased

Wife

CAUSES OF DEATH

79

Primary

Valvular Heart Disease

How long

2 years

Immediate

Heart Failure

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

T. J. Coonan M.D.
Westing
Md.

Address

Accident or Suicide

Mindy Lull Ch. Deer Park
Coonan
Shaner

Name
in
Full

Catharine Fuhrman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

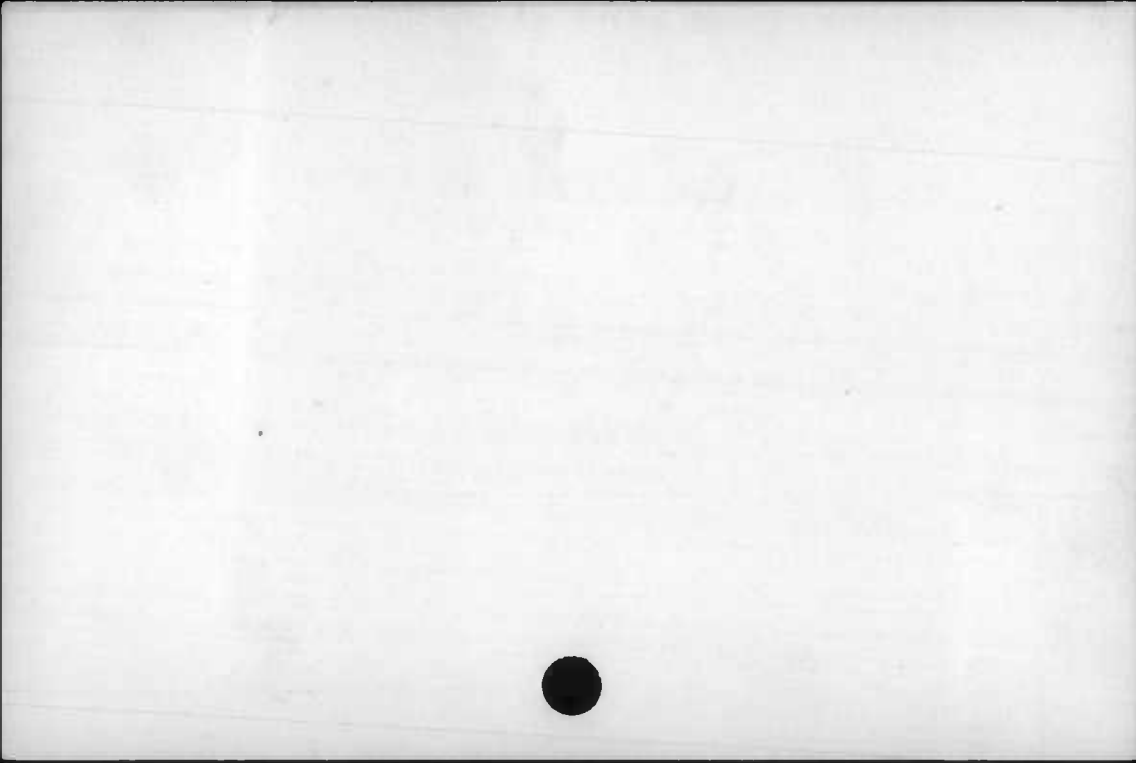
Died at <i>Manchester dist.</i>		County <i>Carroll</i>		MARYLAND	
Date of death <i>1940</i>	Month <i>April</i>	Day <i>16th</i>	Age <i>83</i>	Months	Days <i>19</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Pennsylvania</i>		
Occupation <i>none</i>	Where Residing if not at place of death <i>Asah Ruhlman's residence</i>				
Married, Single or Widowed <i>widow</i>	Name of Wife or Husband <i>Conrad Fuhrman</i>				
Father's Name <i>Joshua Wildiean</i>	Father's Birthplace <i>unknown</i>				
Mother's Maiden Name <i>mip- Bachman</i>	Mother's Birthplace <i>unknown</i>				
Name of person giving information <i>Jesse W. Fuhrman</i>	How related to deceased <i>Son</i>				

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <i>Organic Heart disease</i>	How long <i>indefinite</i>
Immediate <i>Gangrene of left foot</i>	How long <i>4 days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>John Sziegler</i>
	Address <i>Melrose Md.</i>
Accident or Suicide?	



Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Corr</i>		County <i>Carroll</i>		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1910		<i>Apr</i>	<i>8</i>				
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth-place	<i>Carroll Co</i>
Occupation				Where Residing if not at place of death			
Married, Single or Widowed			Name of Wife or Husband				
Father's Name	<i>Mr. E. Greenell</i>					Father's Birthplace	<i>Carroll Co</i>
Mother's Maiden Name	<i>W. J. Greenaway</i>					Mother's Birthplace	
Name of person giving information	<i>Mr. J. H. Greenell</i>					How related to deceased	<i>"Father"</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Still born.</i>	How long	<i>8</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>A. T. Crout.</i>	
		Address	
		<i>Taylorville Md</i>	
Accident or Suicide?			

Taylorville

Name
in Full

George Thomas Grumbine

CERTIFICATE OF DEATH

Town

County

Died at Union Bridge

Carroll

MARYLAND

Date
of death 1900

Month

4

Day

6

Age

Years

71

Months

8

Days

16

Sex

Male

Color or
Race

White

Birth-
place

Westminster Md

Occupation

Retired Merchant

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Josephine Grumbine

Father's
Name

William Grumbine

Father's
Birthplace

Md

Mother's
Maiden Name

Comfort Hobbs

Mother's
Birthplace

Md

Name of person giving
Information

Josephine Grumbine

How related
to deceased

Wife

CAUSES OF DEATH

105

Primary

Gastro Enteritis Severe

How long

6 or 8 Months

Immediate

General Prostration

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

James Watt
Union Bridge

Accident or Suicide

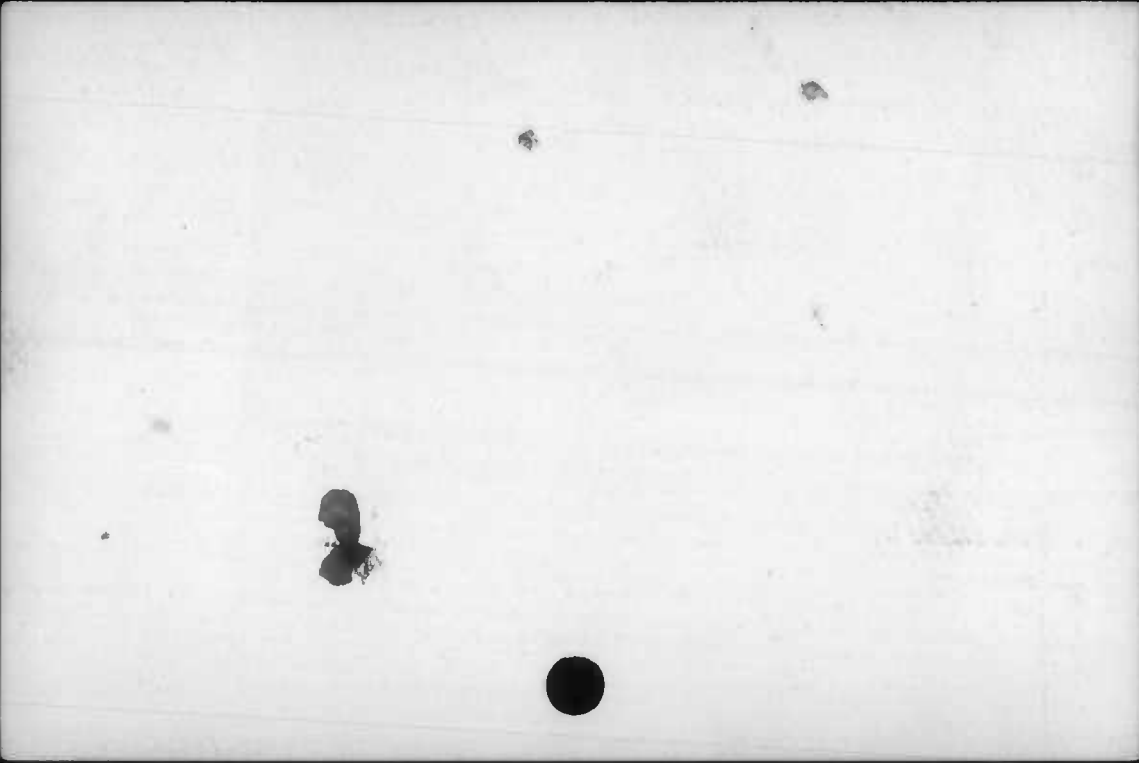
Md

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Handwritten text, possibly a signature or date, located in the top right corner.



CERTIFICATE OF DEATH



Name
in
Full

CERTIFICATE OF DEATH

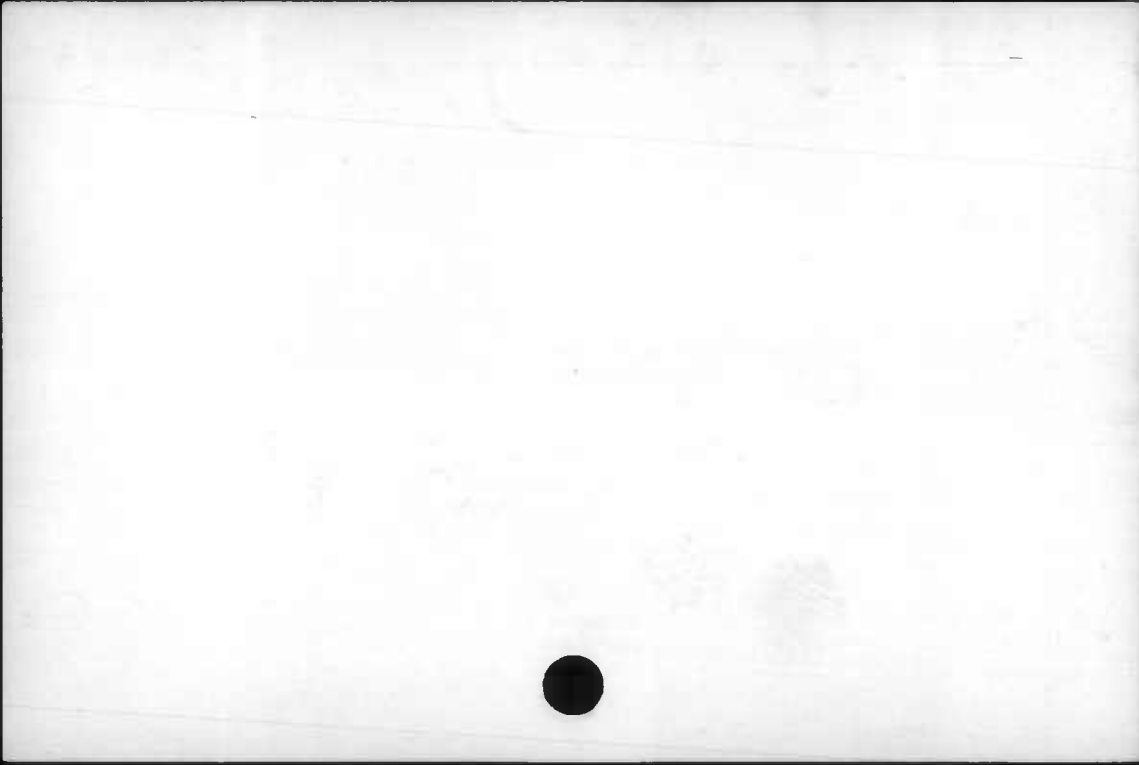
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Tanymtown</u> ^{Town}		<u>Carroll</u> ^{County}		MARYLAND	
Date of death <u>1900 Apr. 14</u>		Age <u>—</u>		Months <u>2</u>	Days <u>29</u>
Sex <u>Female</u>	Color of Race <u>Colored</u>	Birth-place <u>Tanymtown</u>			
Occupation <u>none</u>		Where Residing if not at place of death <u>—</u>			
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>James S. Hill</u>		Father's Birthplace <u>Tanymtown Md</u>			
Mother's Maiden Name <u>Ruth Anna Brainerd</u>		Mother's Birthplace <u>Gettysburg Pa</u>			
Name of person giving Information <u>Ruth A. Hill</u>		How related to deceased <u>Mother</u>			

CAUSES OF DEATH

Primary <u>Broncho Pneumonia</u>	How long <u>3 days -</u>
Immediate <u>Pneumonia with Acute Gastritis</u>	How long <u>4 hours -</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>B. M. Berner M.D.</u>
	Address <u>Tanymtown Md</u>
Accident or Suicide <u>—</u>	

PHYSICIAN
OR CORONER



Name
in
FullNo 586
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Mildred G Hill

Died at ^{Town} East View ^{County} Carroll MARYLAND

Date of death 1910 ^{Month} April ^{Day} 1 Age ^{Years} 18 ^{Months} 10 ^{Days} 1

Sex Female Color or Race white Birthplace Maryland

Occupation at home Where Residing if not at place of death —

Married, Single or Widowed Single Name of Wife or Husband —

Father's Name Arthur Hill Father's Birthplace Maryland

Mother's Maiden Name Catharine E Stockdale Mother's Birthplace do

Name of person giving Information Catharine E Hill How related to deceased Mother

CAUSES OF DEATH

Primary Consumption of Lung How long 28 ✓ 6 months

Immediate Heart Failure How long A few hours

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Jas. H. Bellingled
Westminster
Md.

Accident or Suicide

No

PHYSICIAN
OR CORONER

Belongs to Pleasant Grove
Shaner

Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

Died at

H. Dorney Jones
Hoods Mill CarrollDate
of death

1900 Apr

Day

15

Age

Years

66

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Trust Co. Md

Occupation

Farmer

Where Residing if not
at place of death

Liberty Loan Trust Co

Married, Single
or Widowed

Married

Name of Wife or
Husband

Bordelia (Hammond) Jones

Father's
Name

Col Francis D Jones

Father's
Birthplace

Md

Mother's
Maiden Name

Harriett C Dorney

Mother's
Birthplace

Md

Name of person giving
Information

John H. Hammond

How related
to deceased

Brother-in-law

CAUSES OF DEATH

120

Primary

Nephritis

How long

Some time

Immediate

Heart Paralysis

How long

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

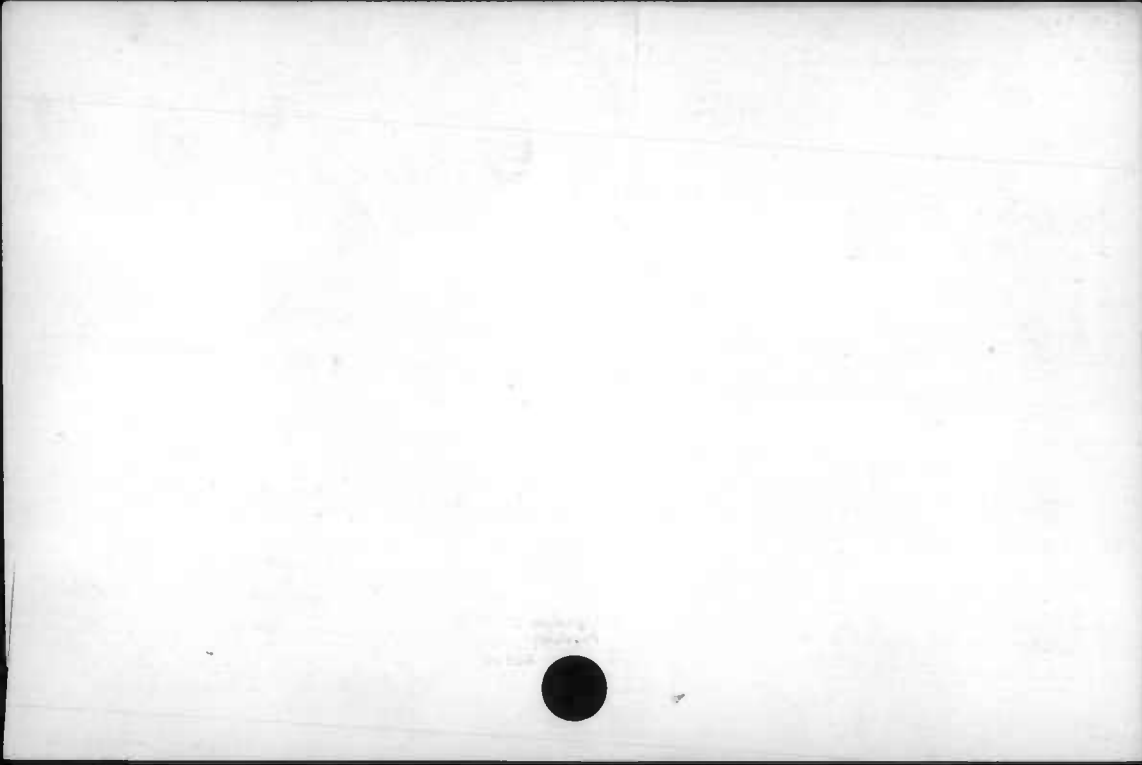
Daniel B. Sprecher,

Address

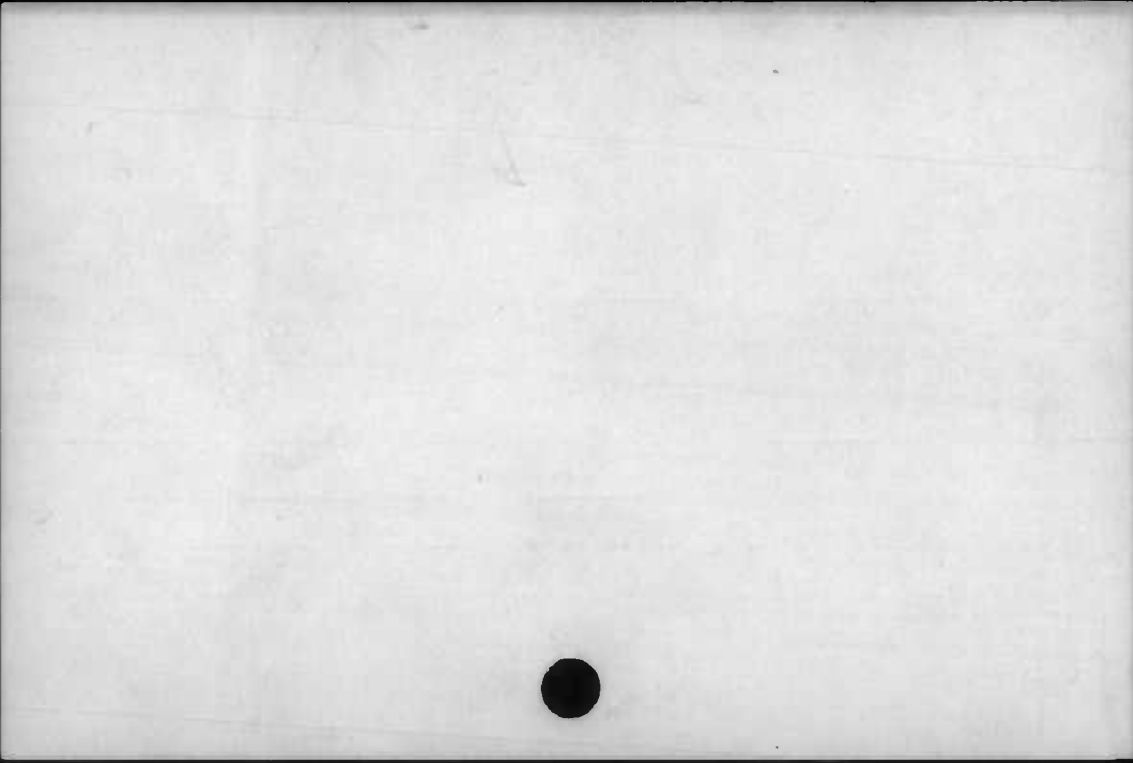
Sykesville,
Md.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full		Town				County		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Finksburg</i>		<i>Carroll</i>		MARYLAND			
		Date of death <i>1960</i>		Month <i>Apr.</i>		Day <i>30</i>		Age <i>—</i>	
		Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Carroll Co</i>		Months <i>—</i> Days <i>12 hrs</i>	
		Occupation <i>—</i>				Where Residing if not at place of death <i>—</i>			
		Married, Single or Widowed <i>Infant</i>		Name of Wife or Husband <i>—</i>					
		Father's Name <i>Alvin Keeney</i>				Father's Birthplace <i>Fredonia Co</i>			
PHYSICIAN OR CORONER		Mother's Maiden Name <i>Mary Blanche Mann</i>				Mother's Birthplace <i>Carroll Co</i>			
		Name of person giving information <i>Alvin Keeney</i>				How related to deceased <i>Husband</i>			
		CAUSES OF DEATH				151			
Primary		<i>Perinatal Birth</i>				How long <i>5 or 6 mos.</i>			
Immediate						How long			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. M. [unclear]</i>				Address <i>Reese's [unclear]</i>			
Accident or Suicide?									



Name
in
Full

Anna Maria Kelley

CERTIFICATE OF DEATH

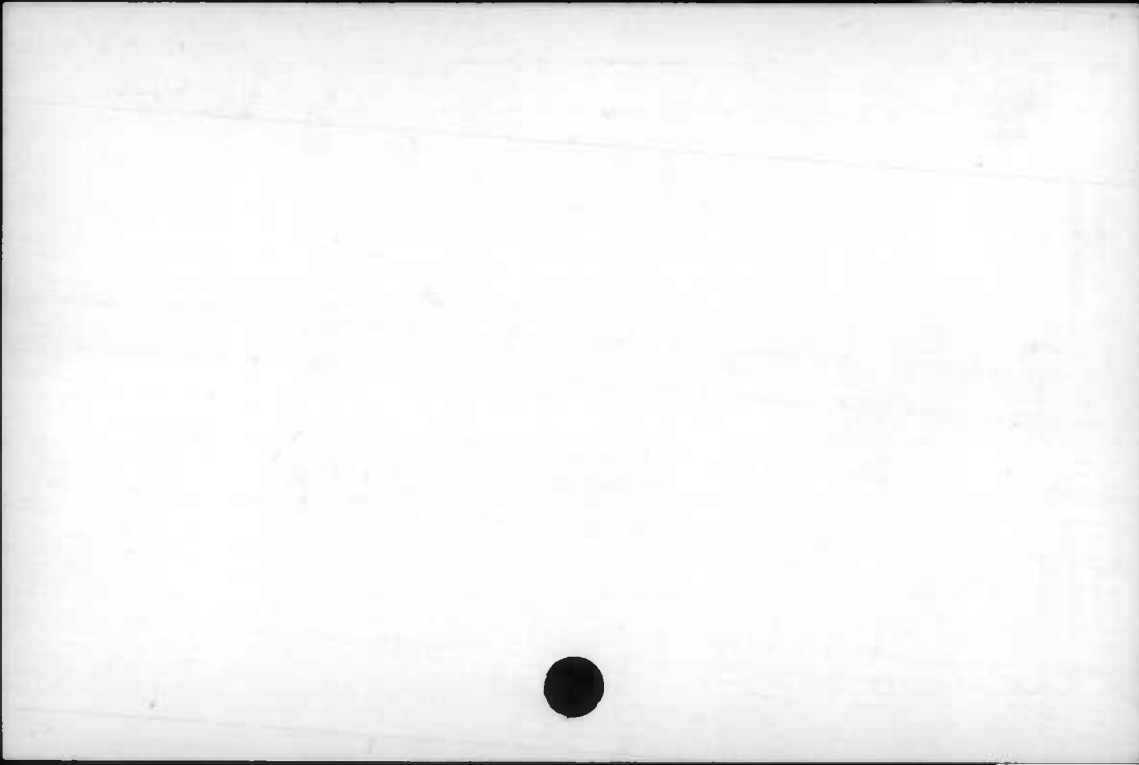
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1960		April	3	81	5	26	
Sex	Female		Color or Race	White		Birthplace	York Co. Pa.
Occupation	Housewife		Where Residing if not at place of death		At Home		
Married, Single or Widowed	Married		Name of Wife or Husband		Thomas W. Kelly		
Father's Name	Henry Garrett, Sr.		Fether's Birthplace		York Co. Pa.		
Mother's Maiden Name	Rebecca Wolford		Mother's Birthplace		York Co. Pa.		
Name of person giving Information		Mrs. Phas Bloom		How related to deceased		Daughter	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cerebral Apoplexy		How long	10 min.
Immediate	Heart Failure		How long	10 min.
Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician	G. Lewis Welch, M.D.
			Address	Union Mills Maryland.
Accident or Suicide				



Name
in
Full

no-590
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Emanuel Mackley* Town *Westminster* County *Carroll* MARYLAND
Died at *Westminster*
Date of death 1980 April 16 Age 72 Months 11 Days 14
Sex *Male* Color or Race *White* Birth-place *Maryland*
Occupation *Retired Merchant* Where Residing if not at place of death
Married, Single or Widowed *Married* Name of Wife or Husband *Margaret Creager*
Father's Name *Michall. Mackley* Father's Birthplace *Maryland*
Mother's Maiden Name *Mary Ashbaum* Mother's Birthplace *Ido*
Name of person giving Information *Margaret Mackley* How related to deceased *Wife*
CAUSES OF DEATH 79

PHYSICIAN
OR CORONER

Primary *Stomach & Heart Disson* How long *2 years*
Immediate *Heart Failure* How long *6 week*
Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *Jas. H. Billingslee*
Address *Westminster Md*
Accident or Suicide *no*

Westminster
Shane

Name
in
Full

Angeline Matthews

597
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Westminster	County Carroll		MARYLAND		
Date of death	1940	Month April	Day 23	Age 12	Months 5	Days 15	
Sex	Female		Color or Race	Colored		Birth- place	Maryland
Occupation	none		Where Residing if not at place of death		Home		
Married, Single or Widowed	single		Name of Wife or Husband				
Father's Name	William Matthews				Father's Birthplace	Maryland	
Mother's Maiden Name	Mary Hill				Mother's Birthplace	Maryland	
Name of person giving Information	William Matthews				How related to deceased	Father	

CAUSES OF DEATH

(92) ✓
How long

10 days

How long

3 hours

PHYSICIAN
OR CORONER

Primary

Pneumonia

Immediate

Exhaustion -

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

Chas. R. Fout
Westminster
Md.

Accident or Suicide

no

St Joseph Cemetery
Tanytown. Stones.

Name
in Full

CERTIFICATE OF DEATH

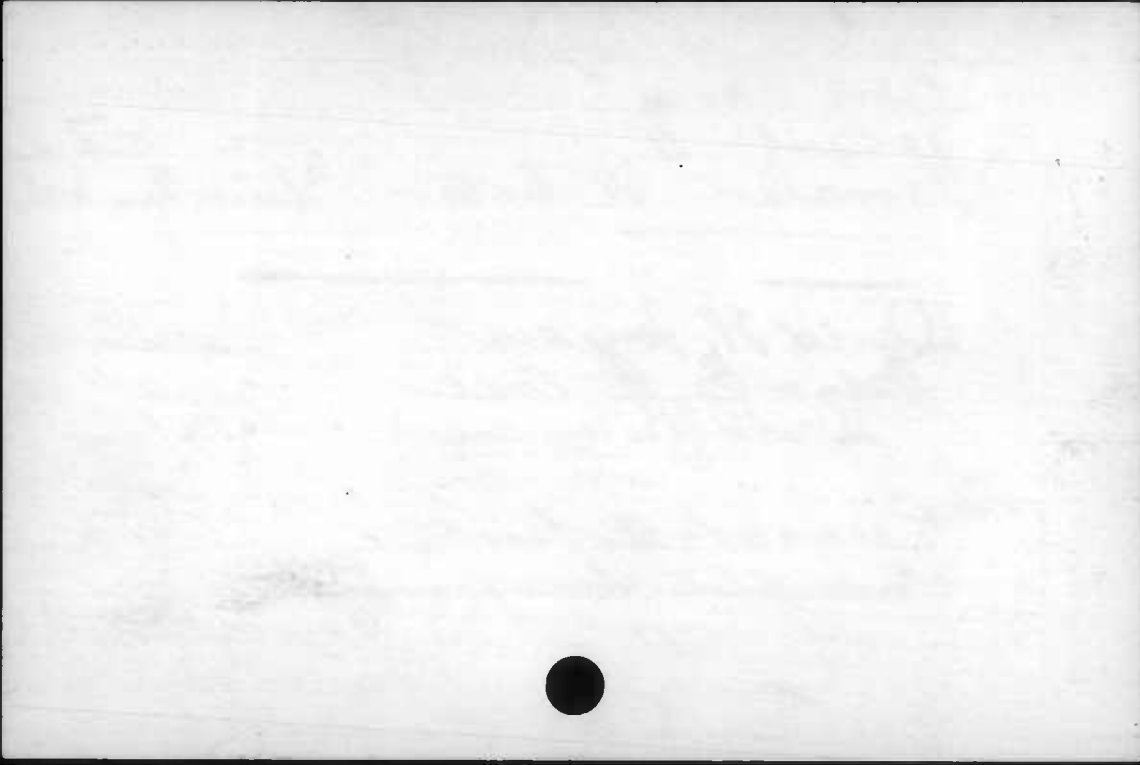
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Union Mills T. Carroll.</u>		Town		County		MARYLAND	
Date of death	19 <u>90</u>	Month	<u>April</u>	Day	<u>23</u>	Age	<u>2</u>
Sex	<u>Female</u>	Color or Race	<u>White</u>	Birth place	<u>Union Mills Ind.</u>	Months	
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name	<u>David H. Myers</u>			Father's Birthplace	<u>Carroll Ind.</u>		
Mother's Maiden Name	<u>Alone</u>			Mother's Birthplace	<u>Carroll Ind.</u>		
Name of person giving Information	<u>David H. Myers</u>			How related to deceased	<u>Father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Premature Birth</u>	How long	<u>7 hrs.</u>
Immediate	<u>Incomplete closure of foramen ovale</u>	How long	<u>2 days</u>
Are the name, age, sex, color, data and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>L. Lewis Wetzel M.D.</u>
		Address	<u>Union Mills Maryland</u>
Accident or Suicide			



Name
in
Full

Everet Myers

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

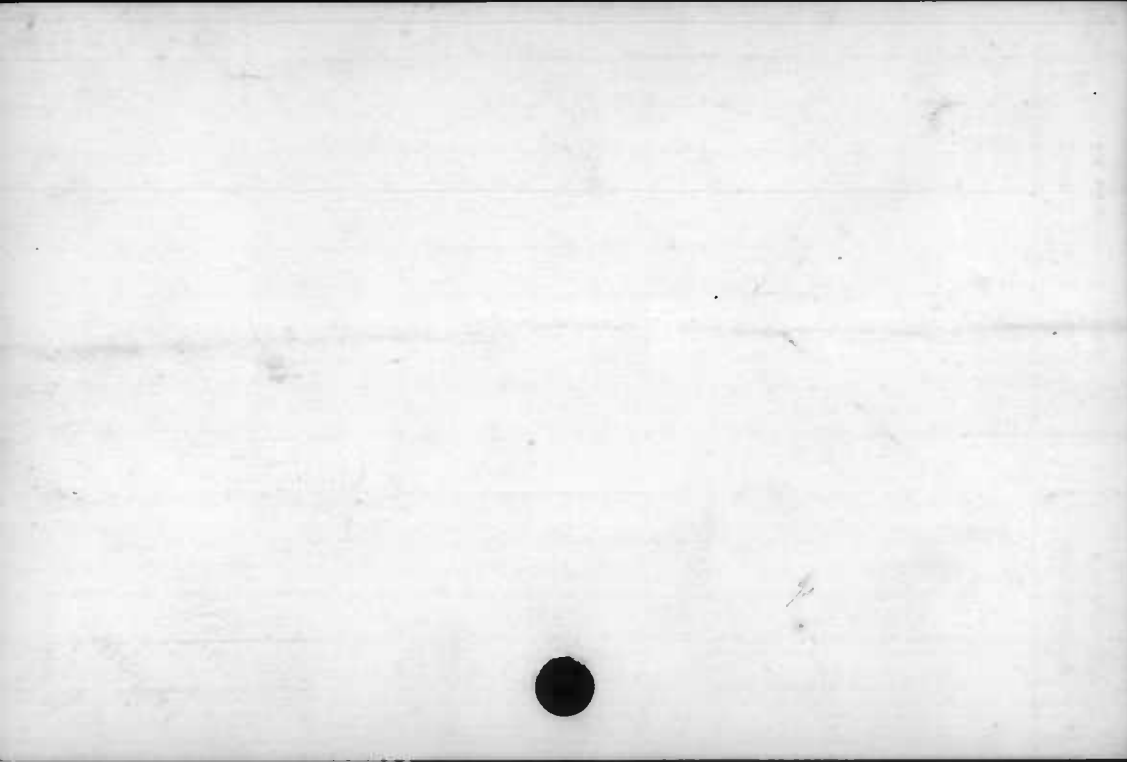
Died <i>near Mt Airy</i>			County <i>Carroll</i>		MARYLAND	
Date of death	Month	Day	Age	Years	Months	Days
19 <i>40</i>	<i>April</i>	<i>30</i>	<i>17</i>	<i>17</i>	<i>2</i>	
Sex	Color or Race		Birth-place			
<i>male</i>	<i>Colored</i>		<i>Fredricks Co Md</i>			
Occupation			Where Residing if not at place of death			
<i>Laborer</i>						
Married, Single or Widowed			Name of Wife or Husband			
<i>single</i>						
Father's Name			Father's Birthplace			
<i>Dorsey B Myers</i>			<i>Carroll/Co Md</i>			
Mother's Maiden Name			Mother's Birthplace			
<i>Josephine Fossett</i>			<i>Fredricks Co Md</i>			
Name of person giving information			How related to deceased			
<i>Dorsey B. Myers</i>			<i>Father</i>			

CAUSES OF DEATH

28

PHYSICIAN
OR CORONER

Primary	<i>Pulmonary Tuberculosis</i>	How long	<i>1 year</i>
Immediate	<i>Asthma</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>H. E. Gaver</i>	
		Address	
		<i>Mt Airy Md</i>	
Accident or Suicide?			
<i>No</i>			



Name
in
Full

CERTIFICATE OF DEATH

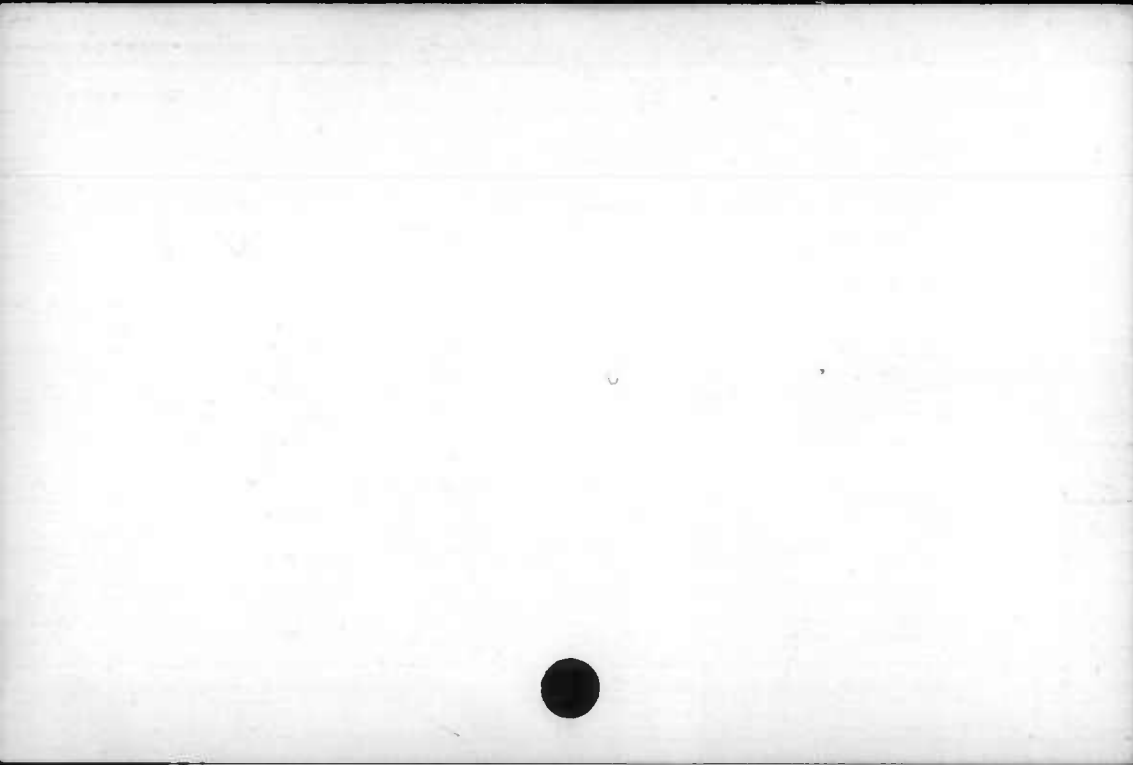
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Silver Run</u> <u>Parroll</u> County		TOWN		COUNTY		MARYLAND	
Date of death 19 <u>00</u> <u>April</u> <u>11</u> <u>Age</u> <u>5</u> <u>hrs</u>		Month		Day		Years	
Sex <u>Female</u> Color or Race <u>White</u> Birth place <u>Silver Run Ind.</u>		Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name <u>David H. Myers</u>		Father's Birthplace <u>Parroll Ind.</u>					
Mother's Maiden Name <u>Edna E. Glose</u>		Mother's Birthplace <u>Parroll Ind.</u>					
Name of person giving Information <u>David H. Myers</u>		How related to deceased <u>Father</u>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Premature Birth</u>	How long	<u>1 hr</u>
Immediate	<u>Incomplete closure foramen</u>	How long	<u>5 hrs</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>J. Lewis Westphal</u>	
Yes		Address <u>Union Mills Maryland</u>	
Accident or Suicide			



Name
in
Full

598
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Westminster* Town *1910* County *Carrall* MARYLAND
Date of death *1900* Month *April* Day *26* Age *47* Years Months Days
Sex *male* Color or Race *white* Birth-place *Carrall*
Occupation *farmer* Where Residing if not at place of death *same*
Married, Single or Widowed *married* Name of Wife or Husband *Sipie*
Father's Name _____ Father's Birthplace _____
Mother's Maiden Name _____ Mother's Birthplace _____
Name of person giving Information _____ How related to deceased _____

CAUSES OF DEATH

Primary *Typhoid Fever* How long *24 days*
Immediate *Peritonitis Heart Failure* How long _____

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician

Address

T. J. Gorman M.D.
Westminster
md.

Accident or Suicide

PHYSICIAN
OR CORONER

Smallwood Cemetery
Storrs

Name
in
Full

CERTIFICATE OF DEATH

Rosie Pazunsky

Town

County

MARYLAND

Died at Springfield State Hosp

Carroll

Date

of death 1940

Month

April

Day

25

Age

Years

48

Months

Days

Sex

Female

Color or
Race

White

Birth-
place

Russia

Occupation

Storekeeper

Where Residing if not
at place of death

Married, Single
or Widowed

Widow

Name of Wife or
Husband

Father's
Name

Joseph Albert

Father's
Birthplace

Russia

Mother's
Maiden Name

Renia Lewinsohn

Mother's
Birthplace

Russia

Name of person giving
Information

Hospital records

How related
to deceased

CAUSES OF DEATH

Primary

Aortic regurgitation

How long

2 years

Immediate

Cardiac dilatation

How long

1 day

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

E. H. Snavely

Address

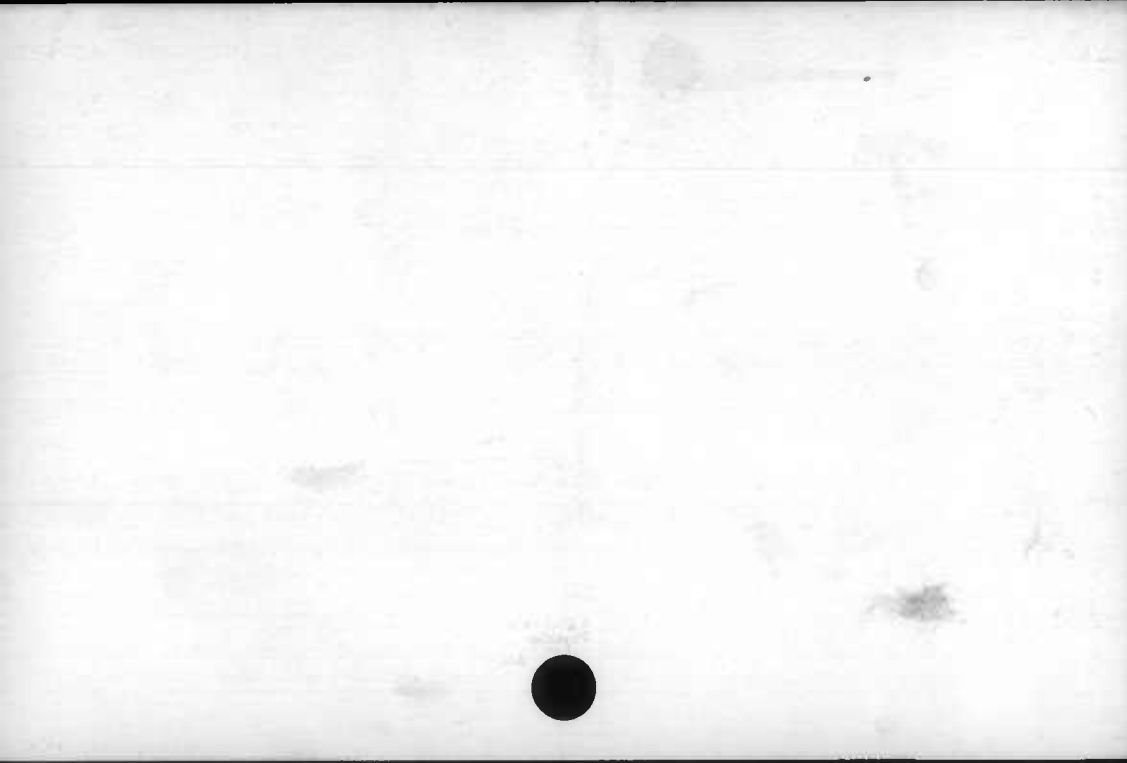
Springfield State Hosp
Sykesville, Md.

Accident or Suicide

No

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Henry J. Reaver

CERTIFICATE OF DEATH

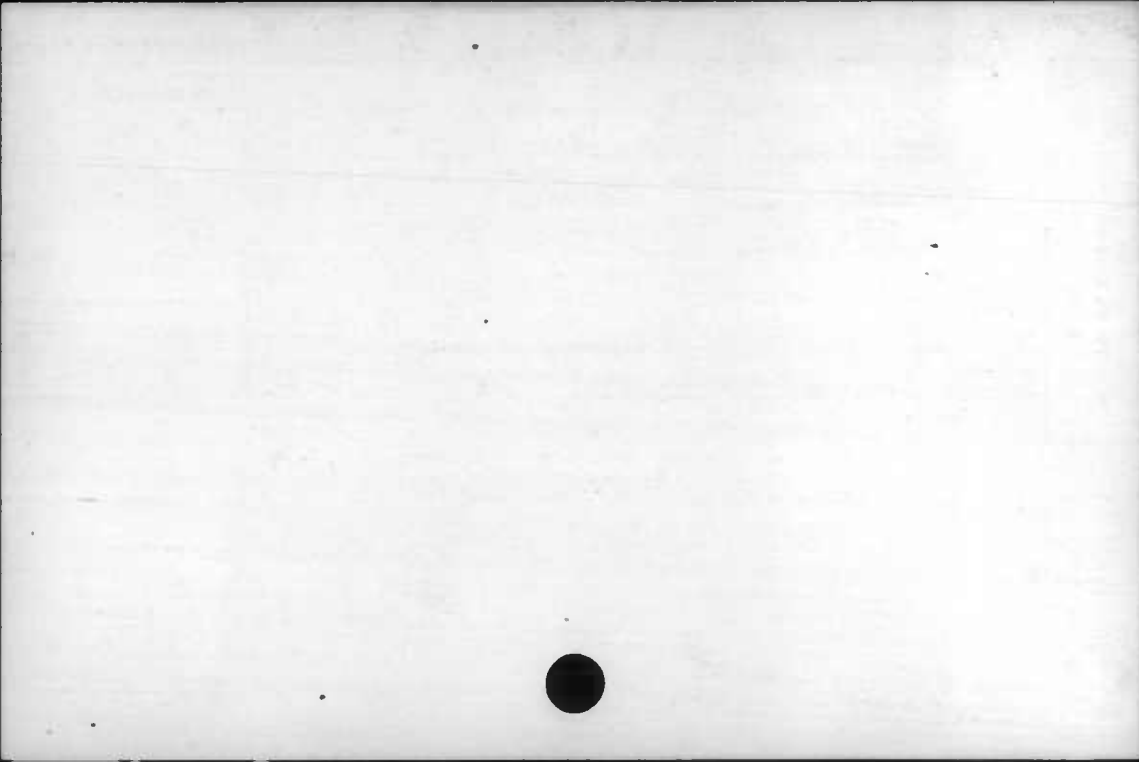
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Berrett</i>		County <i>Carroll</i>		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
19 <i>10</i>		<i>4</i>	<i>14</i>	<i>65</i>		<i>9</i>	<i>29</i>
Sex <i>Male</i>		Color or Race <i>white</i>		Birth-place <i>Laneytown</i>			
Occupation <i>farmer</i>		Where Residing if not at place of death <i>Berrett</i>					
Married, Single as Widowed		Name of Wife or Husband <i>Lucinda Reaver</i>					
Father's Name <i>Henry J. Reaver</i>		Father's Birthplace <i>Ind</i>					
Mother's Maiden Name <i>Elija Bowers</i>		Mother's Birthplace <i>"</i>					
Name of person giving Information <i>Alice Reaver</i>		How related to deceased <i>daughter</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Chronic Interstitial Nephritis</i>	How long	<i>3 yrs</i>
Immediate	<i>Uremic coma</i>	How long	<i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Dr A T Crout</i>	
<i>Taylorville</i>		Address <i>Carroll co.</i>	
Accident or Suicide			



Name
in
Full

Harry Russell Schamm

No 594
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIENDDied at *Sandyville*

Town

Cornell

County

MARYLAND

Date of death *1910 April*

Month

Day

22

Age

Years

Months

1

Days

*11*Sex *Male*Color or
Race*White*Birth-
place*Sandyville, Md.*

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name*Harry Schamm*Father's
Birthplace*Balto. Md.*Mother's
Maiden Name*Annie Brown*Mother's
Birthplace*Sandyville Md.*Name of person giving
In formation*Harry Schamm*How related
to deceased*Father*

CAUSES OF DEATH

*61*PHYSICIAN
OR CORONER

Primary

Centr. Spinal Meningitis

How long

10 days

Immediate

Heart Failure

How long

*1 hour*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*A. Luther Barn*

Address

*Westminster**Md.*

Accident or Suicide?

Sandy Mount Cemetery
Stoner

Name
in
Full

10592
CERTIFICATE OF DEATH

Jeremiah Shaeffer
Westminster^{own} Carroll^{County} MARYLAND

Died at
Date of death 1980 April 15 Age 72 Months 10 Days 1
Sex Male Color or Race White - Birth-place Maryland
Occupation Retired Where Residing if not at place of death

Married, Single or Widowed Widower Name of Wife or Husband dead

Father's Name David Shaeffer

Father's Birthplace Maryland

Mother's Maiden Name Don't Know

Mother's Birthplace Maryland

Name of person giving Information Daniel Shaeffer

How related to deceased Son

CAUSES OF DEATH

Primary Paralysis

How long 2 years

Immediate Heart Failure

How long A few weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician

Address

Jas. H. Billingslea
Westminster Md

Accident or Suicide no

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

St. Benjamins Cemetery
Stoner,

Name
in
Full

170196
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Westminster</i>		Town <i>Westminster</i>		County <i>Carroll</i>		State <i>MARYLAND</i>	
Date of death <i>1940</i>	Month <i>April</i>	Day <i>26</i>	Age <i>49</i>	Years	Months <i>1</i>	Days <i>22</i>	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>				
Occupation <i>Blacksmith</i>	Where Residing if not at place of death						
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Sarah E. Wagoner</i>						
Father's Name <i>Edward Shipley</i>	Fether's Birthplace <i>Maryland</i>						
Mother's Maiden Name <i>Prudence Parrish</i>	Mother's Birthplace <i>do</i>						
Name of person giving information <i>Sarah E. Shipley</i>	How related to deceased <i>Wife</i>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis of the Intestines</i>	How long <i>3 months</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. M. Sullivan</i>
	Address <i>Westminster Md</i>
Accident or Suicide?	

Westminster Council
Shaner

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *William Henry Stonesifer* Town *Union* County *Mills* State *MARYLAND*

Died at *Union Mills* *Garroll*

Date of death *1940* Month *April* Day *17* Age *55* Years Months *11* Days *7*

Sex *Male* Color or Race *White* Birth-place *Adams Co. Pa.*

Occupation *Laborer* Where Residing if not at place of death *At home*

Married, Single or Widowed *Married* Name of Wife or Husband *Barbara Ellen Stonesifer*

Father's Name *Abraham T. Stonesifer* Father's Birthplace *Garroll Co. Ind.*

Mother's Maiden Name *Rebecca Bankert* Mother's Birthplace *Garroll Co. Ind.*

Name of person giving Information *Barbara E. Stonesifer* How related *Wife*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

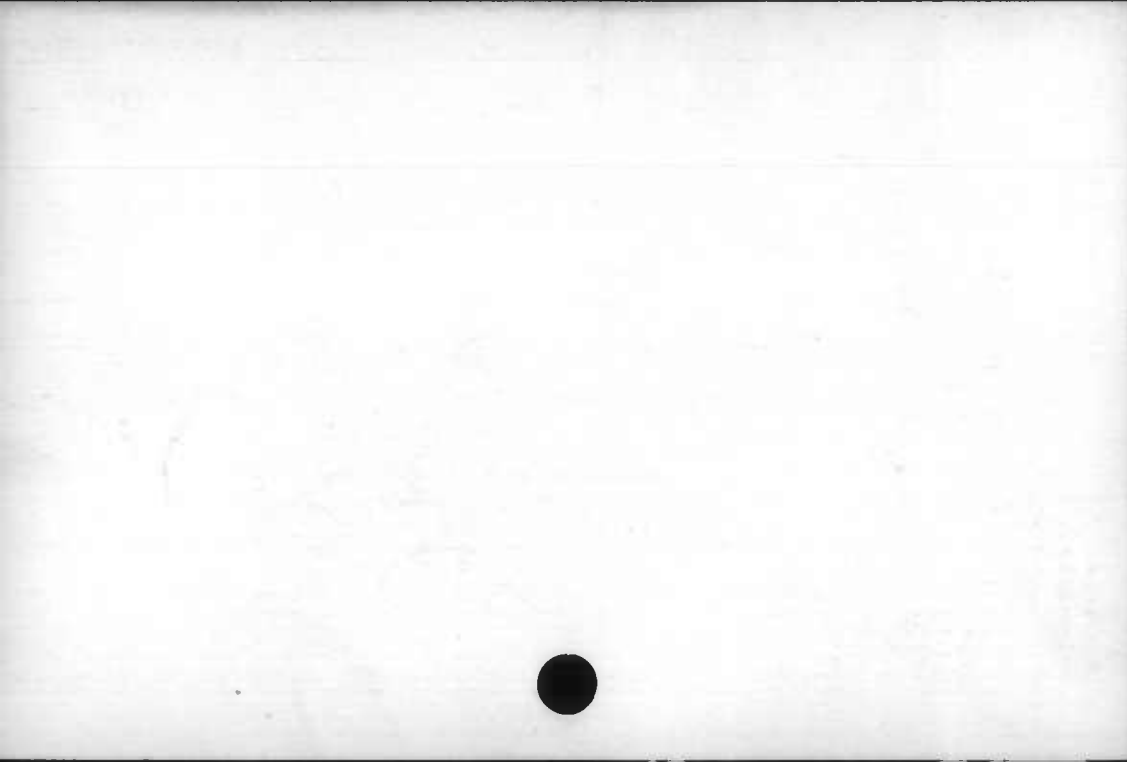
Primary *Intoxication* How long *2 days*

Immediate *Suffocated by falling in mill hole with face* How long

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *J. Lewis Wetzel M.D.*

Address *Union Mills Maryland*

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

John H Tarr

Town

County

MARYLAND

Died at Springville Hospital

Carrall

Date
of death

1960

Month

Apr.

Day

23

Years

Age

70

Months

Days

Sex

M

Color or
Race

White

Birth-
place

Md

Occupation

Sailor

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Unknown

Father's
Name

William Tarr

Father's
Birthplace

Md

Mother's
Maiden Name

Mary Mansfield

Mother's
Birthplace

Md

Name of person giving
Information

Hospital records

How related
to deceased

CAUSES OF DEATH

Primary

Senile dementia

How long

Unknown

Immediate

Diabetes Mellitus

How long

"

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
PhysicianChas. J. Carey
Sykesville Md.

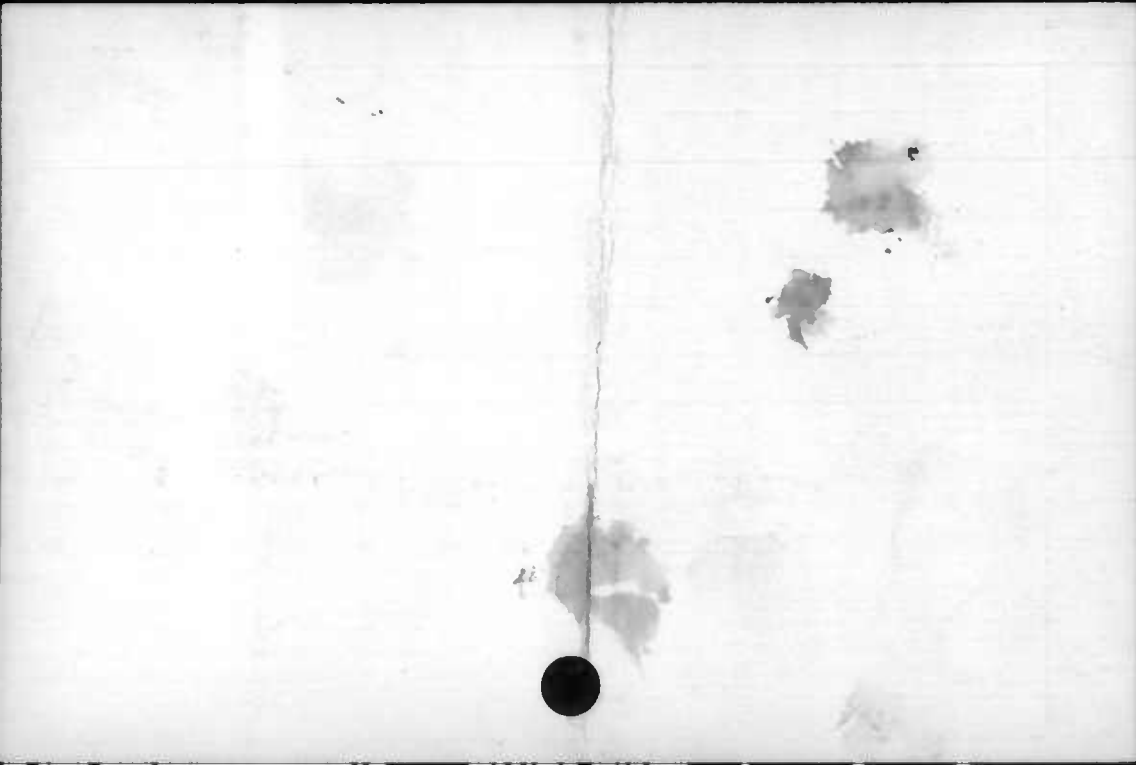
Address

Accident or Suicide

No

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

50



Name
in
Full

Eugene Prager -
Town

CERTIFICATE OF DEATH

Died at Hoods Mill. Carroll County

MARYLAND

Date of death 1960 Apr - 29 - Age 52 -
Month Day Years Months Days

Sex male Color or Race white Birth-place New Market

Occupation Farmer - Where Residing if not at place of death Hoods Mill

Married, Single or Widowed Widower Name of Wife or Husband

Father's Name W. H. Prager - Father's Birthplace New Market

Mother's Maiden Name unknown Mother's Birthplace

Name of person giving Information Joshua Prager. How related to deceased Son -

CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

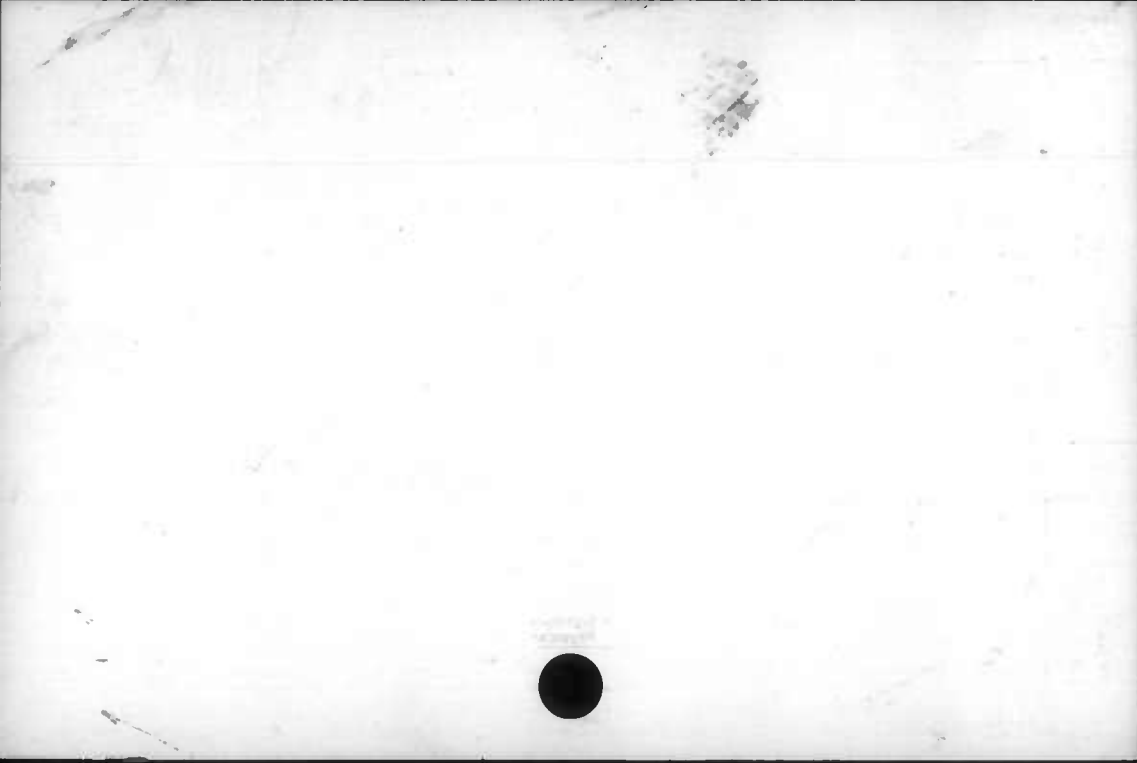
Signature of Physician

Address

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Myers District* Town *Carroll* CountyDate of death *1990* Month *April* Day *14* Age *82* Years Months *8* Days *7*Sex *Male* Color or Race *White* Birth-place *Maryland*Occupation *Seaborer* Where Residing if not at place of deathMarried, Single or Widowed *Widowed* Name of Wife or Husband *Mary C. Wantz nee Sheets*Father's Name *Unknown* Father's Birthplace *Unknown*Mother's Maiden Name *Unknown* Mother's Birthplace *Unknown*Name of person giving information *James J. Harner* How related to deceased *Not related*

CAUSES OF DEATH

Primary How long

Immediate *Debility + old age* How long

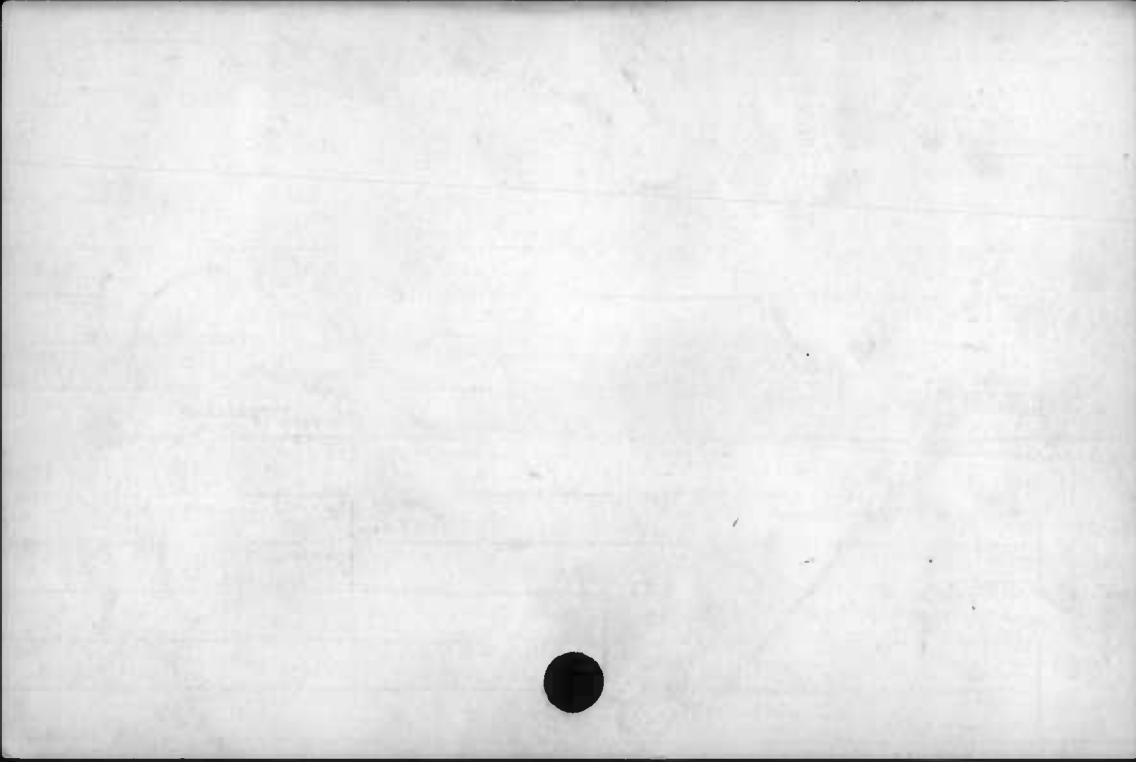
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

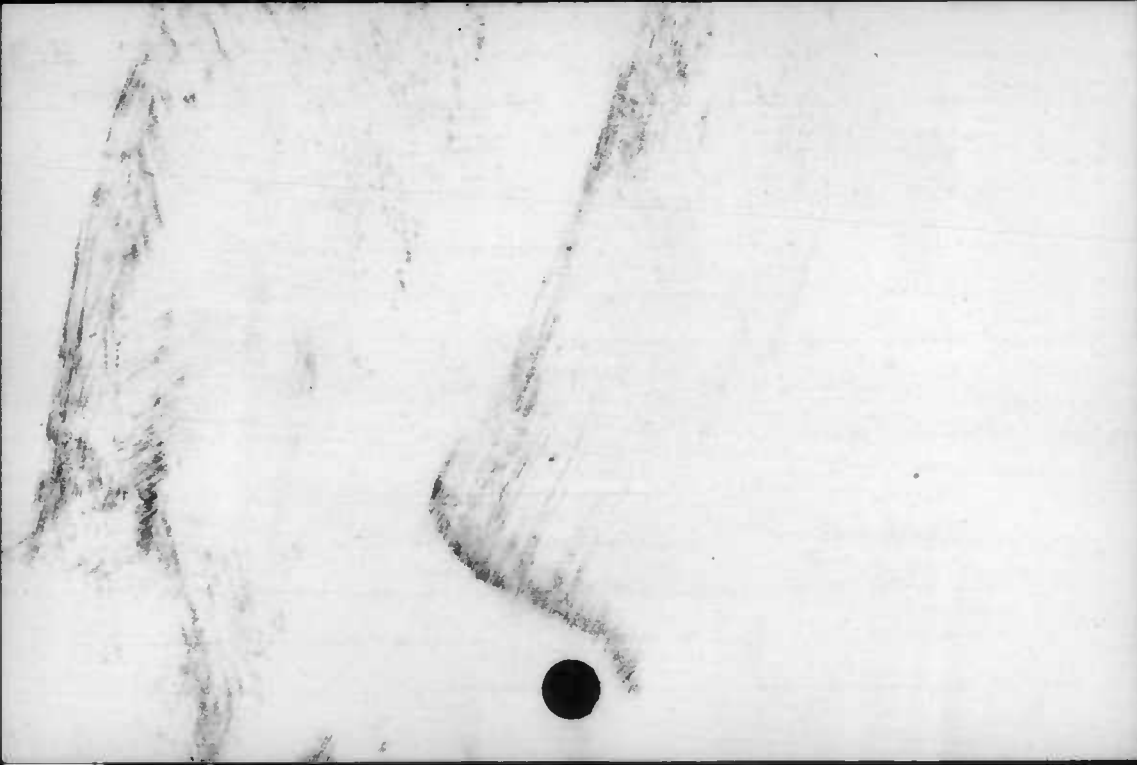
C. P. Gettier M D
Littlestown Pa

Accident or Suicide?



Name in Full		Town				County		CERTIFICATE OF DEATH					
TO BE ANSWERED BY NEAREST FRIEND		Died at		Redwell		Carroll		MARYLAND					
		Date of death	1900	Month	April	Day	2	Age	83	Months	11	Days	
		Sex	Female		Color or Race	White American		Birth-place	Portland, Me.				
		Occupation	None				Where Residing if not at place of death						
		Married, Single or Widowed	Widow		Name of Wife or Husband	Nathan Webb							
FATHER'S NAME		David Burbanks				Father's Birthplace		Saco, Maine					
		Mother's Maiden Name		Sophia Andrews		Mother's Birthplace		Brighton, Me.					
		Name of person giving information				Julia Webb Jones		How related to deceased		Daughter			
CAUSES OF DEATH													
PHYSICIAN OR CORONER		Primary				Organic Heart Disease		How long		5 Years			
		Immediate				Asthma		How long		10 days			
		Are the name, age, sex, color, date and place correctly given above?				Yes		Signature of Physician		J. E. Brownell			
						Address		Mt. Airy					
		Accident or Suicide?											

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Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Benjamin O. Welch* Low *near Ridgerville* County *Carroll* MARYLAND
 Died at *near Ridgerville*
 Date of death 19*60* Month *Apr* Day *4* Age *—* Years *—* Months *—* Days *6*
 Sex *Male* Color or Race *Colored* Birth-place *Mc*
 Occupation *—* Where Residing if not at place of death *—*
 Married, Single or Widowed *—* Name of Wife or Husband *—*
 Father's Name *Samuel A. Welch* Father's Birthplace *Mc*
 Mother's Maiden Name *Echth C. Johnson* Mother's Birthplace *Mc*
 Name of person giving Information *Samuel A. Welch* How related to deceased *Father*

CAUSES OF DEATH

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PHYSICIAN
OR CORONER

Primary *unknown* How long *—*
 Immediate *Convulsions* How long *—*
 Are the name, age, sex, color, data and place correctly given above? *yes* Signature of Physician *D. C. Paul M.D.*
 Address *Monrovia*
 Accident or Suicide *No* *Mc*

